

# Exhibit A

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*CarePoint Health -- Hoboken University Medical Center*

**UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF NEW JERSEY**

HUMC OPCO LLC, d/b/a CAREPOINT  
HEALTH - HOBOKEN UNIVERSITY  
MEDICAL CENTER,

Plaintiff,

v.

UNITED BENEFIT FUND, AETNA  
HEALTH INC., and OMNI  
ADMINISTRATORS INC.,

Defendants.

CIVIL ACTION NO.:  
2:16-cv-00168-KM-MAH

Hon. Kevin McNulty, U.S.D.J.  
Hon. Michael A. Hammer, U.S.M.J.

**SECOND AMENDED  
COMPLAINT**

Plaintiff HUMC Opco LLC, d/b/a CarePoint Health -- Hoboken University Medical Center (“Plaintiff” or “HUMC”), through its attorneys, K&L Gates LLP, files this Second Amended Complaint against Defendants, United Benefit Fund (“UBF”), Aetna Health Inc. (“Aetna”), and Omni Administrators Inc. (“Omni”) (collectively, “Defendants”), and hereby alleges:

### **SUMMARY OF CLAIMS**

1. HUMC operates a community hospital located at 308 Willow Avenue, Hoboken, New Jersey 07030.

2. From May 29, 2014, until May 22, 2015, HUMC provided extensive emergent medical treatment to a patient insured by UBF (hereinafter “Patient 1”). Patient 1 presented to HUMC’s Emergency Department, was admitted to the hospital, and continued to receive medically necessary treatment from HUMC for 358 consecutive days thereafter.

3. For his lengthy in-patient stay and the medically necessary care he received at HUMC, Patient 1 incurred total charges in the amount of \$7,702,491.32.

4. Of that amount, UBF, as Patient 1’s insurer, is liable to HUMC, as Patient 1’s assignee, in the total amount of at least \$789,446.88, representing the benefits amounts payable under the Plan of Benefits sponsored by UBF (“Plan”). Upon information and belief, the Plan is not a grandfathered plan under the Patient Protection and Affordable Care Act (“ACA”), – As such, the amounts payable under the Plan are even higher.

5. However, to date, UBF, through Omni (the Plan Administrator), and Aetna (the Plan’s third-party claims administrator), has refused to reimburse

HUMC more than \$12,907.18, leaving an unpaid balance due under the Plan of at least \$776,539.70.

6. Moreover, as set forth more fully below, Defendants have refused to provide HUMC any meaningful avenue of review of UBF's underpayments.

7. Even worse, Aetna has sent HUMC two separate demands for alleged overpayment relating to the treatment HUMC provided to Patient 1 in the amounts of \$4,366.44 and \$4,270.37, which would leave the total reimbursement amount to HUMC at \$4,270.37.

8. Defendants' conduct, described more fully below, violates the Employee Retirement Income Security Act of 1974 ("ERISA"), 29 U.S.C. § 1001 *et seq.*

### **THE PARTIES**

9. Plaintiff HUMC is a limited liability company organized under the laws of the State of New Jersey. HUMC operates a licensed general acute care hospital doing business as CarePoint Health -- Hoboken University Medical Center, located at 308 Willow Avenue, Hoboken, New Jersey 07030.

10. Defendant UBF is an employee welfare benefits plan within the meaning of 29 U.S.C. § 1002(2)(A), with its principal place of business located at 150-28 Union Turnpike, Suite 250 Flushing, New York 11367. UBF's Plan provides medical benefits, dental benefits, and vision benefits for its members.

11. Defendant Omni is a corporation of the State of New York with its principal place of business located at 1430 Broadway, Suite 1303, New York, New York 10018. Omni is the Plan Administrator for the UBF Plan.

12. Defendant Aetna is a corporation of the State of New York with its principal place of business located at 100 Park Avenue, 12th Floor, New York, New York, and a registered agent located at CT Corporation System, 11 Eighth Avenue, New York, New York 10011. Aetna is the third-party claims administrator for the Plan and, together with Omni, jointly administers the UBF Plan.

### **JURISDICTION AND VENUE**

13. The Court has federal question subject matter jurisdiction over this matter pursuant to 28 U.S.C. § 1331 and 29 U.S.C. § 1332(a), as this is a civil enforcement action under ERISA.

14. This Court has personal jurisdiction over the Defendants because, at all times material hereto, Defendants carried on one or more businesses or business ventures in this judicial district; there is the requisite nexus between the business(es) and this action; and Defendants engaged in substantial and not isolated activity within this judicial district.

15. Venue is proper in this judicial district pursuant to 28 U.S.C. § 1391(b)(2), because a substantial portion of the events giving rise to this action arose in this judicial district.

### **FACTUAL ALLEGATIONS**

#### **A. Patient 1 Receives Extensive Inpatient Treatment at HUMC for 358 Continuous Days**

16. Patient 1 presented to HUMC's Emergency Department on or about May 29, 2014. Due to the severity of his condition, Patient 1 was admitted to HUMC as an inpatient with a primary diagnosis code of 434.91, cerebral artery occlusion.

17. Patient 1 was an inpatient at HUMC for 358 continuous days, until May 22, 2015, during which time he received extensive and medically necessary care, and incurred total charges in the amount of \$7,702,491.32.

#### **B. Defendants Substantially Underpay HUMC for the Treatment it Provided to Patient 1**

18. Patient 1 is a beneficiary of UBF's Plan. The Plan expressly provides coverage for "in-network benefits" using the "Preferred Provider Organization ('PPO') network for Aetna, and for "out-of-network benefits" for "non-PPO providers." HUMC is an out-of-network provider with respect to Aetna and a "non-PPO provider" within the meaning of the Plan.

19. The Plan document for UBF's Plan expressly provides that claims for reimbursement submitted by out-of-network providers such as HUMC are reimbursed "at the Medicare Rate developed by the Centers for Medicare and Medicaid Services used to reimburse physicians and other Providers on a fee-by-fee basis." The Plan document further provides that for non-PPO providers, "covered expenses are payable at 100% of the Medicare Rate."

20. The Social Security Amendments of 1983 (Public Law 98-21) established the Prospective Payment System ("PPS") for hospital inpatient services provided to Medicare beneficiaries. Under this system, a hospital is paid a fixed amount for each patient discharged in a particular treatment category or Diagnosis Related Group ("DRG"). This fixed amount is intended to cover the cost of treating a typical patient for a particular DRG. The reimbursement amount is calculated using the Centers for Medicare and Medicaid Services ("CMS's") PPS Pricer system.

21. In the case of the extensive treatment that HUMC provided to Patient 1 between May 29, 2014, and May 22, 2015, the total reimbursement amount, as calculated by CMS's PPS Pricer system, is \$789,446.88. Thus, the "Medicare Rate" for this treatment under the UBF Plan is at least \$789,446.88.

22. 29 CFR Section 2590.715-2719A(b)(3)(i) also provides that in order for a plan to satisfy the co-payment and co-insurance limitations, for out-of-

network emergency medical services under the ACA, it must provide benefits for out-of-network emergency services in the amount equal to the greatest of the following three possible amounts: (1) the amount negotiated with in-network providers for the emergency service furnished taking into account the in-network co-payment and co-insurance obligations; (2) the amount for the emergency service calculated using the same method the plan generally uses to determine payments for out-of-network services (such as the usual, customary and reasonable charges) but substituting the in-network cost-sharing provisions for the out-of-network cost-sharing provisions; or (3) the amount that would be paid under Medicare for the emergency service, taking into account the in-network co-payment and co-insurance obligations.

23. Accordingly, the amount payable to HUMC under the Plan is much greater than the Medicare Rate of \$789,466.88, and upon information and belief, much greater based on the in-network amounts negotiated with providers for emergency services under the ACA co-insurance and co-payment limitations.

24. However, to date, UBF, through Omni (the Plan Administrator), and Aetna (the Plan's third-party claims administrator), has refused to reimburse HUMC more than \$12,907.18, leaving an unpaid balance due under the terms of the Plan of at least \$776,539.70.

25. In an explanation of benefits (“EOB”) issued by Aetna dated September 5, 2015, Aetna provided no explanation for the low reimbursement rate other than the claim was supposedly reimbursed at the “reasonable and customary rate.” There is no indication on the EOB of any denied charges, authorization issues, or level of care problems.

26. Aetna’s contention in its EOB, that the \$12,907.18 represents the “reasonable and customary rate” to Patient 1, is demonstrably false. Indeed, it would be impossible to find another Northern New Jersey acute care hospital that charges a mere \$12,907.18 for a 358-day hospital stay, particularly one involving the extensive and medically-necessary treatment provided to Patient 1.

**C. HUMC Receives a Complete Assignment of Health Insurance Benefits for the Treatment Provided to Patient 1**

27. The UBF Plan document expressly provides that “[b]enefits for medical expenses covered under this Plan may be assigned by a Covered Person to the provider.”

28. In connection with Patient 1’s treatment at HUMC, and because Patient 1 was comatose and unconscious when he presented at HUMC’s Emergency Department on or about May 29, 2014, and remained so during his hospitalization at HUMC, Patient 1’s wife, also a Covered Person under the Plan, executed an “Assignment of Benefits” form on behalf of Patient 1 and assigned to

HUMC the right to Patient 1's benefits under the Plan for the services that HUMC provided to Patient 1.

29. Patient 1 passed away on May 30, 2015. On June 9, 2016, Patient 1's wife, as the beneficiary of Patient 1's estate, executed another "Assignment of Benefits" form on behalf of Patient 1, which assigned to HUMC the right to Patient 1's benefits under the Plan for the services that HUMC provided to Patient 1.

30. Among other things, the May 29, 2014 "Assignment of Benefits" form executed by Patient 1's wife, on behalf of Patient 1, state as follows:

I HEREBY ASSIGN TO THE HOSPITAL, ALL OF MY RIGHTS, BENEFITS, PRIVILEGES, PROTECTIONS, CLAIMS, CAUSES OF ACTION, INTERESTS OR RECOVERY, TO ANY AND ALL RIGHTS, BENEFITS, PRIVILEGES, PROTECTIONS, CLAIMS, CAUSES OF ACTIONS, INTERESTS, OR RECOVERY OF ANY TYPE WHATSOEVER RECEIVABLE BY ME OR ON MY BEHALF ARISING OUT OF ANY POLICY OF INSURANCE, PLAN, TRUST, FUND, OR OTHERWISE PROVIDING HEALTH CARE COVERAGE OF ANY TYPE TO ME (OR TO ANY OTHER THIRD PARTY RESPONSIBLE FOR ME) FOR THE CHARGES FOR SERVICE RENDERED TO ME BY THE HOSPITAL. THIS INCLUDES, WITHOUT LIMITATION, ANY PRIVATE OR GROUP HEALTH/HOSPITALIZATION PLAN. AUTOMOBILE LIABILITY, GENERAL LIABILITY, PERSONAL INJURY PROTECTION, MEDICAL PAYMENTS, UNINSURED OR UNDERINSURED MOTOR VEHICLES BENEFITS, SETTLEMENTS/JUDGMENTS/VERDICTS, SELF-FUNDED PLAN, TRUST, WORKERS COMPENSATION, MEWA, COLLECTIVE, OR ANY OTHER THIRD-PARTY PAYOR PROVIDING HEALTH CARE COVERAGE OF ANY TYPE TO ME (OR TO ANY OTHER THIRD PARTY RESPONSIBLE FOR ME) FOR THE CHARGES FOR SERVICES RENDERED TO ME BY THE HOSPITAL [COLLECTIVELY, 'COVERAGE SOURCE'].

I AUTHORIZE AND DIRECT PAYMENT BE MADE BY ANY AND ALL COVERAGE SOURCE DIRECTLY TO THE HOSPITAL OF ALL BENEFITS, PAYMENTS, MONIES, CHECKS, FUNDS, WIRE TRANSFERS OR RECOVERY OF ANY KIND WHATSOEVER FROM ANY COVERAGE SOURCE. I ALSO AGREE TO ASSIST THE HOSPITAL IN PURSUING PAYMENT FROM ANY COVERAGE SOURCE. THIS INCLUDES, WITHOUT LIMITATION, SIGNING DOCUMENTS REQUESTED OR NEEDED TO PURSUE CLAIMS AND APPEALS, GETTING DOCUMENTS FROM COVERAGE SOURCE, OR OTHERWISE TO SUPPORT PAYMENT TO THE HOSPITAL. I ALSO DIRECT AND AGREE THAT ANY PAYMENTS OF ANY KIND (E.G., CHECKS, FUNDS, PAYMENTS, MONIES, BENEFITS OR RECOVERY FOR COVERAGE OF SERVICES BY THE HOSPITAL THAT IS SENT DIRECTLY TO ME (OR TO ANOTHER THIRD PARTY RESPONSIBLE FOR ME) WILL BE SENT AND TURNED OVER IMMEDIATELY BY ME TO THE HOSPITAL, THROUGH WHATEVER MEANS NECESSARY. THIS INCLUDES, WITHOUT LIMITATION, ME AND IF NEEDED ANY GUARDIAN ENDORSING OVER ANY CHECKS AND/OR OTHER DOCUMENTS TO THE HOSPITAL. I ALSO UNDERSTAND THAT IF I FAIL TO TURN OVER TO THE HOSPITAL ANY SUCH PAYMENTS SENT DIRECTLY TO ME (OR TO ANOTHER THIRD PARTY RESPONSIBLE FOR ME), I WILL BE FINANCIALLY RESPONSIBLE TO THE HOSPITAL FOR THE AMOUNT OF SUCH PAYMENTS, AND I MAY ALSO BE SUBJECT TO CRIMINAL PROSECUTION TO THE FULLEST EXTENT PERMITTED BY LAW.

I HEREBY AUTHORIZE AND DESIGNATE THE HOSPITAL, AS MY AUTHORIZED AGENT AND REPRESENTATIVE TO ACT ON MY BEHALF WITH RESPECT TO ALL MATTERS RELATED TO ALL OF MY RIGHTS, BENEFITS, PRIVILEGES, PROTECTIONS, CLAIMS, CAUSES OF ACTION, INTERESTS OR RECOVERY ARISING OUT OF ANY COVERAGE SOURCE. THIS INCLUDES, WITHOUT LIMITATION, THE HOSPITAL REQUESTING VERIFICATION OF COVERAGE/PRE-CERTIFICATION/AUTHORIZATION, FILING PRE-SERVICE AND POST-SERVICE CLAIMS AND APPEALS, RECEIVING

ALL INFORMATION, DOCUMENTATION, SUMMARY PLAN DESCRIPTIONS, BARGAINING AGREEMENTS, TRUST AGREEMENTS, CONTRACTS, AND ANY INSTRUMENTS UNDER WHICH THE PLAN IS ESTABLISHED OR OPERATED, AS WELL AS RECEIVING ANY POLICIES, PROCEDURES, RULES, GUIDELINES, PROTOCOLS OR OTHER CRITERIA CONSIDERED BY THE COVERAGE SOURCE, IN CONNECTION WITH ANY CLAIMS, APPEALS, OR NOTIFICATIONS RELATED TO CLAIMS OR APPEALS.

31. Among other things, the June 9, 2016 “Assignment of Benefits” form executed by Patient 1’s wife, on behalf of Patient 1, states as follows:

I HEREBY ASSIGN TO THE HOSPITAL, ALL OF MY RIGHTS, BENEFITS, PRIVILEGES, PROTECTIONS, CLAIMS, CAUSES OF ACTION, INTERESTS OR RECOVERY, TO ANY AND ALL RIGHTS, BENEFITS, PRIVILEGES, PROTECTIONS, CLAIMS, CAUSES OF ACTIONS, INTERESTS, OR RECOVERY OF ANY TYPE WHATSOEVER RECEIVABLE BY ME OR ON MY BEHALF ARISING OUT OF ANY POLICY OF INSURANCE, PLAN, TRUST, FUND, OR OTHERWISE PROVIDING HEALTH CARE COVERAGE OF ANY TYPE TO ME (OR TO ANY OTHER THIRD PARTY RESPONSIBLE FOR ME) FOR THE CHARGES FOR SERVICE RENDERED TO ME BY THE HOSPITAL. THIS INCLUDES, WITHOUT LIMITATION, ANY PRIVATE OR GROUP HEALTH/HOSPITALIZATION PLAN. AUTOMOBILE LIABILITY, GENERAL LIABILITY, PERSONAL INJURY PROTECTION, MEDICAL PAYMENTS, UNINSURED OR UNDERINSURED MOTOR VEHICLES BENEFITS, SETTLEMENTS/JUDGMENTS/VERDICTS, SELF-FUNDED PLAN, TRUST, WORKERS COMPENSATION, MEWA, COLLECTIVE, OR ANY OTHER THIRD-PARTY PAYOR PROVIDING HEALTH CARE COVERAGE OF ANY TYPE TO ME (OR TO ANY OTHER THIRD PARTY RESPONSIBLE FOR ME) FOR THE CHARGES FOR SERVICES RENDERED TO ME BY THE HOSPITAL [COLLECTIVELY, ‘COVERAGE SOURCE’]. **THIS IS A DIRECT ASSIGNMENT OF ANY AND ALL OF MY RIGHTS TO RECEIVE BENEFITS ARISING OUT OF ANY COVERAGE SOURCE.** I UNDERSTAND THAT THIS

ASSIGNMENT OF BENEFITS IS IRREVOCABLE. THIS ASSIGNMENT OF BENEFITS FULLY AND COMPLETELY ENCOMPASSES ANY LEGAL CLAIM I MAY HAVE AGAINST ANY COVERAGE SOURCE, INCLUDING, BUT NOT LIMITED TO, MY RIGHTS TO APPEAL ANY DENIAL OF BENEFITS ON MY BEHALF, TO REQUEST AND OBTAIN PLAN DOCUMENTS, TO PURSUE LEGAL ACTION AGAINST ANY COVERAGE SOURCE, AND/OR TO FILE A COMPLAINT WITH THE NEW JERSEY DEPARTMENT OF BANKING AND INSURANCE.

I AUTHORIZE AND DIRECT PAYMENT BE MADE BY ANY AND ALL COVERAGE SOURCE DIRECTLY TO THE HOSPITAL OF ALL BENEFITS, PAYMENTS, MONIES, CHECKS, FUNDS, WIRE TRANSFERS OR RECOVERY OF ANY KIND WHATSOEVER FROM ANY COVERAGE SOURCE. I ALSO AGREE TO ASSIST THE HOSPITAL IN PURSUING PAYMENT FROM ANY COVERAGE SOURCE. THIS INCLUDES, WITHOUT LIMITATION, SIGNING DOCUMENTS REQUESTED OR NEEDED TO PURSUE CLAIMS AND APPEALS, GETTING DOCUMENTS FROM COVERAGE SOURCE, OR OTHERWISE TO SUPPORT PAYMENT TO THE HOSPITAL. I ALSO DIRECT AND AGREE THAT ANY PAYMENTS OF ANY KIND (E.G., CHECKS, FUNDS, PAYMENTS, MONIES, BENEFITS OR RECOVERY FOR COVERAGE OF SERVICES BY THE HOSPITAL THAT IS SENT DIRECTLY TO ME (OR TO ANOTHER THIRD PARTY RESPONSIBLE FOR ME) WILL BE SENT AND TURNED OVER IMMEDIATELY BY ME TO THE HOSPITAL, THROUGH WHATEVER MEANS NECESSARY. THIS INCLUDES, WITHOUT LIMITATION, ME AND IF NEEDED ANY GUARDIAN ENDORSING OVER ANY CHECKS AND/OR OTHER DOCUMENTS TO THE HOSPITAL. I ALSO UNDERSTAND THAT IF I FAIL TO TURN OVER TO THE HOSPITAL ANY SUCH PAYMENTS SENT DIRECTLY TO ME (OR TO ANOTHER THIRD PARTY RESPONSIBLE FOR ME), I WILL BE FINANCIALLY RESPONSIBLE TO THE HOSPITAL FOR THE AMOUNT OF SUCH PAYMENTS, AND I MAY ALSO BE SUBJECT TO CRIMINAL PROSECUTION TO THE FULLEST EXTENT PERMITTED BY LAW.

I HEREBY AUTHORIZE AND DESIGNATE THE HOSPITAL, AS MY AUTHORIZED AGENT AND REPRESENTATIVE TO ACT ON MY BEHALF WITH RESPECT TO ALL MATTERS RELATED TO ALL OF MY RIGHTS, BENEFITS, PRIVILEGES, PROTECTIONS, CLAIMS, CAUSES OF ACTION, INTERESTS OR RECOVERY ARISING OUT OF ANY COVERAGE SOURCE. THIS INCLUDES, WITHOUT LIMITATION, THE HOSPITAL REQUESTING VERIFICATION OF COVERAGE/PRE-CERTIFICATION/AUTHORIZATION, FILING PRE-SERVICE AND POST-SERVICE CLAIMS AND APPEALS, RECEIVING ALL INFORMATION, DOCUMENTATION, SUMMARY PLAN DESCRIPTIONS, BARGAINING AGREEMENTS, TRUST AGREEMENTS, CONTRACTS, AND ANY INSTRUMENTS UNDER WHICH THE PLAN IS ESTABLISHED OR OPERATED, AS WELL AS RECEIVING ANY POLICIES, PROCEDURES, RULES, GUIDELINES, PROTOCOLS OR OTHER CRITERIA CONSIDERED BY THE COVERAGE SOURCE, IN CONNECTION WITH ANY CLAIMS, APPEALS, OR NOTIFICATIONS RELATED TO CLAIMS OR APPEALS.

32. The UBF's Plan document further authorizes a person covered by a Plan beneficiary "to appoint an authorized representative to act on his or her behalf with respect to a benefit claim or appeal of a denial." In the event of such an authorization, the Plan document provides that "all future communications from the Plan will be with the representative, rather than the Covered Person, unless the Covered Person directs the Plan Administrator, in writing, to the contrary."

33. In this case, in addition to the "Assignment of Benefit" form referenced above, on or about February 17, 2015, Patient 1's wife, on behalf of Patient 1, signed an Aetna authorization representation form in which she expressly authorized HUMC and its affiliates to appeal any adverse benefits

determination on Patient 1's behalf with respect to the services that HUMC provided to Patient 1.

34. Throughout Patient 1's 358 consecutive day stay at HUMC, and after his death on May 22, 2015, HUMC and Patient 1's wife, on behalf of Patient 1, communicated with Defendants regarding Patient 1's treatment, coverage and payments as Patient 1's assignee under the Plan.

35. In or about February 2015, during discussions with Aetna regarding Patient 1's coverage under the UBF Plan, Aetna informed HUMC's case manager that Aetna learned on February 10, 2015, that Patient 1's coverage under the UBF Plan had terminated. Aetna did not provide a reason why it did not learn of Patient 1's coverage termination until February 10, 2015.

36. HUMC, on behalf of Patient 1, communicated with UBF who provided HUMC with a copy of Omni's initial Plan termination notice, dated May 15, 2014. The notice of termination stated that Patient 1's benefits terminated as of April 30, 2014, one month prior to Patient 1's admission to HUMC on May 29, 2014 and provided instructions for continued coverage under COBRA.

37. HUMC informed UBF and Omni that Patient 1 worked up until the day he was admitted to HUMC, and that termination by the Plan prior to this date was in error. Patient 1's wife informed HUMC that neither she nor Patient 1, who

was comatose from the time he was admitted to HUMC and throughout his hospitalization, received the May 15, 2014 letter.

38. Initially, UBF refused to help HUMC resolve this issue and insisted numerous times that any appeal regarding the wrongful termination of Patient 1's benefits had to be made in writing and sent directly to Omni.

39. Only after HUMC informed UBF that if they persisted in their position, that HUMC would have no choice but to contact the New Jersey Department of Banking and Insurance and the Department of Labor regarding Patient 1's wrongful coverage determination, did UBF thereafter actively work with HUMC and Patient 1's wife to resolve the matter.

40. On February 25, 2015, HUMC faxed Patient 1's payroll records and other proof that Patient 1 remained employed through the date of his admission to HUMC on May 29, 2014. In response, UBF agreed to correct the termination date to May 31, 2014, and issue a revised notice of termination to Patient 1's wife. Upon being informed by HUMC that it was authorized to receive the notice of termination on Patient 1's behalf, UBF sent HUMC the corrected February 25, 2015 notice of termination and COBRA letter that day.

41. Patient 1's wife signed the COBRA documents, dated February 25, 2015, on Patient 1's behalf, and then HUMC submitted them to UBF.

42. On March 9, 2015, HUMC received e-mail confirmation from Omni that Patient 1's coverage had been retroactively reinstated through May 31, 2014, under the Plan, and under COBRA from June 1, 2014, forward.

43. Throughout HUMC's extended course of dealings with Aetna, Omni and UBF regarding Patient 1's coverage, all three Defendants were well aware that Patient 1 was comatose and incapacitated when he was admitted to HUMC, and that Patient 1's wife signed the assignment of benefit form on his behalf. At no time did anyone at Aetna, Omni or UBF ever advise HUMC that the assignment of benefits form that Patient 1's wife had signed was insufficient or ever refuse to communicate with HUMC because Patient 1 did not himself sign an assignment of benefits form or because Patient 1's wife did so instead.

**D. HUMC Exhausts All Known and Available Internal Appeals Remedies**

44. HUMC has exhausted all known and available appeals avenues under the Plan in an effort to convince Defendants to reimburse HUMC properly on its claims for the extensive treatment that HUMC provided to Patient 1. So far, all of these appeals avenues have been unsuccessful.

45. Specifically, by letter dated September 9, 2015 ("Appeal Letter"), in accordance with the terms of the Plan, HUMC appealed the underpayment to Aetna, with a copy to Omni and UBF. In its Appeal Letter, HUMC explained, among other things, that HUMC's reimbursement claim was substantially

underpaid; that the terms of the Plan required reimbursement in accordance with the calculations set forth in CMS's PPS Pricer System; and that Aetna's contention that the reimbursement amount of \$12,907.18 represented the "reasonable and customary rate" was demonstrably false.

46. In its Appeal Letter, HUMC also requested that the Defendants provide a detailed explanation as to the reasons for the unreasonably low payment, and it further requested documentation in support of UBF's claim that the Plan is entitled to grandfathered status under the ACA. HUMC is entitled to this information under ERISA and the terms of the Plan, and the information is necessary in order for HUMC to determine, inter alia, whether the UBF Plan is properly entitled to assert "grandfathered" status under the ACA.

47. Importantly, because, upon information and belief, the Plan is not entitled to assert grandfathered status under the ACA, it is required by law to provide benefits for out-of-network emergency services in an amount equal to the greatest of three possible amounts: (1) the amount negotiated with in-network providers for the emergency service furnished; (2) the amount for the emergency service calculated using the same method the plan generally uses to determine payments for out-of-network services, but substituting the in-network cost sharing provisions for the out-of-network cost-sharing provisions; or (3) the amount that would be paid under Medicare for the emergency service. Here, upon information

and belief, the reimbursement methodology set forth in the Plan -- calculated using CMS's PPS Pricer System, and resulting in a reimbursement amount of \$789,446.88 under the Medicare rate -- would fall far short of the reimbursement amount required by the ACA. The reimbursement amount actually provided -- \$12,907.18 for a 358-day inpatient stay -- is tantamount to complete noncompliance with the requirements of the ACA as to non-grandfathered plans.

48. Neither Aetna, nor any of the other defendants, ever formally responded to HUMC's Appeal Letter. Instead, by e-mail dated October 14, 2015, a representative of Omni advised HUMC, without analysis, that it believed that HUMC had been "paid in full by the plan." This Omni representative further stated in his e-mail that Omni is not required to provide HUMC with information regarding the Plan's grandfathered status under the ACA. Contrary to the express language of the Plan -- which requires that all appeals be sent to Omni -- the Omni representative further stated in his e-mail that his company would refuse to field any further calls or e-mails from HUMC, and that all inquiries regarding the claim for the services provided to Patient 1 should be directed to Aetna.

49. On November 11, 2015, HUMC sent its September 9, 2015, Appeal Letter directly to Aetna by fax and certified mail. By letter dated December 1, 2015, HUMC requested that Aetna expedite HUMC's appeal of this matter. To date, Aetna has taken no action on HUMC's appeal.

50. Meanwhile, on November 12, 2015, HUMC separately submitted to UBF a member grievance concerning the underpayment in accordance with the provisions of the Plan governing such grievances.

51. By letter dated December 3, 2015, counsel for UBF advised HUMC that the grievance procedure set forth in the Plan was unavailable to HUMC, and that HUMC should pursue its claim as an appeal under the Plan. UBF's counsel even stated that HUMC should address its appeal directly to Omni -- ignoring, of course, that HUMC had already addressed its appeal to Omni and been advised by Omni's representative on October 14, 2015, that Omni would not take any further calls or e-mails from HUMC. UBF's counsel further claimed that the \$12,907.18 paid to HUMC constituted "full payment" for Patient 1's 358-day inpatient stay at HUMC.

52. Making matters worse, by letter dated October 31, 2015 (received by HUMC on November 10, 2015), Aetna demanded that HUMC reimburse it for an alleged "overpayment" in the amount of \$4,366.44 for treatment that HUMC provided to Patient 1. In a separate letter dated November 7, 2015 (received by HUMC on November 17, 2015), Aetna made a separate demand that HUMC reimburse Aetna for another "overpayment" in the amount of \$4,270.37, for treatment that HUMC provided to Patient 1. Aetna's "overpayment" demands

would leave the total reimbursement to HUMC in the amount of \$4,270.37, for the 358-day inpatient stay.

53. The conduct of all three Defendants in their handling of HUMC's claims on behalf of Patient 1 makes it abundantly clear that Defendants have absolutely no intention of complying with their obligations under the Plan, ERISA, the ACA, or any other applicable law, and that further exhaustion efforts by HUMC would be futile. Thus, HUMC is entitled to have this Court undertake a *de novo* review of the issues raised herein.

54. The instant action is timely commenced well within six years after HUMC was notified by Defendants that they were rejecting HUMC's claims for reimbursement for the services that HUMC provided to Patient 1, within six years after each of Plaintiff's claims against Defendants accrued, and is otherwise timely in all respects.

**COUNT ONE**  
**(Violation of Section 502(a)(1)(B) – against UBF)**

55. HUMC incorporates by reference all of the foregoing allegations as if set forth at herein length.

56. The Plan is an employee welfare benefits plan within the meaning of 29 U.S.C. § 1002(2)(A).

57. UBF is the insurer, obligor, fiduciary, and/or relevant party-in-interest for the Plan.

58. Omni and/or Aetna serve as the Plan Administrators of the Plan.

59. Under the terms of the Plan, Patient 1 is entitled to coverage for the services that Patient 1 received from HUMC.

60. Patient 1's wife, on behalf of Patient 1, executed an "Assignment of Benefits" form, among other documents, in which Patient 1 gave HUMC a complete assignment of Patient 1's right to benefits under the Plan.

61. A healthcare provider to whom a patient assigns benefits has standing to sue as a "beneficiary" as "a person designated by a participant . . . who is or may become entitled to a benefit" under an ERISA-governed plan. 29 U.S.C. § 1002(8). ERISA further provides that a "beneficiary" is entitled to institute litigation to collect benefits owed under a relevant ERISA-governed plan. 29 U.S.C. § 1132(a)(1)(B).

62. When Patient 1's wife, on behalf of Patient 1, executed the "Assignment of Benefits" form, Patient 1 assigned to HUMC his right to receive reimbursement from UBF under the Plan for the services that HUMC rendered to Patient 1. This assignment of benefits confers upon HUMC the status of a "beneficiary" under Section 502(a) of ERISA. Thus, HUMC has standing to bring this action under ERISA.

63. As a beneficiary under Section 502(a) of ERISA, HUMC is entitled to recover benefits due to HUMC and/or its patients under the terms of the Plan.

64. As a beneficiary under Section 502(a) of ERISA, HUMC is entitled to enforce the rights of HUMC and/or its patients under the terms of the Plan.

65. As a beneficiary under Section 502(a) of ERISA, HUMC is entitled to clarify its rights to future benefits under the terms of the Plan.

66. The Plan expressly authorized Patient 1 to assign his rights to benefits under the Plan to HUMC, including the right of direct payment of the Plan's benefits to HUMC.

67. In violation of ERISA, UBF failed to make payment of benefits to HUMC, as assignee of Patient 1's rights under the Plan, in the manner and amounts required under the terms of the Plan.

68. As the result of UBF's violations of ERISA, HUMC has suffered damages and lost benefits as assignee, for which it is entitled to restitution from

UBF, other declaratory and injunctive relief related to enforcement of the terms of the Plan, and to the clarification of future benefits. UBF is liable to HUMC for unpaid benefits, restitution, interest, attorneys' fees, and other penalties as this Court deems just under ERISA Section 502(a)(1)(B), 29 U.S.C. § 1132(a)(1)(B).

**COUNT TWO**  
**(Breach of Fiduciary Duty – against all Defendants)**

69. HUMC incorporates by reference all of the foregoing allegations as if set forth at herein length.

70. As set forth more fully above, the Plan is an employee welfare benefits plan within the meaning of 29 U.S.C. § 1002(2)(A).

71. UBF is the insurer, obligor, fiduciary, and/or relevant party-in-interest for the Plan.

72. Omni and/or Aetna serve as the Plan Administrators of the Plan.

73. Under the terms of the Plan, Patient 1 is entitled to coverage for the services that Patient 1 received from HUMC.

74. As set forth more fully above, Patient 1 received health care services at HUMC. Patient 1's wife, on behalf of Patient 1, executed an "Assignment of Benefits" form, among other documents, in which Patient 1 assigned to HUMC Patient 1's right to benefits under the Plan.

75. UBF, Aetna, and Omni exercise discretionary authority or discretionary control relating to the management and/or administration of the Plan, and/or exercise authority and/or control respecting the management and disposition of the Plan's assets. Accordingly, UBF, Aetna, and Omni are all fiduciaries of the Plan within the meaning of 29 U.S.C. § 1002(21)(A).

76. UBF, Aetna, and Omni acted as fiduciaries to Patient 1, his spouse, and HUMC (as assignee), because they all exercised discretion in determining the nature of benefits that would be afforded to beneficiaries of the Plan, a key fiduciary function under ERISA.

77. As fiduciaries of the Plan, UBF, Aetna, and Omni owe the Plan beneficiaries -- including HUMC as assignee of benefits -- a duty to act for the exclusive purpose of providing benefits to participants and their beneficiaries; with the care, skill, prudence and diligence that a prudent administrator would use in the conduct of an enterprise of like character; and in accordance with the Plan documents. 29 U.S.C. § 1104(a)(1)(A), (B), (D).

78. UBF, Aetna, and Omni violated their fiduciary duties to the Plan beneficiaries -- including HUMC as assignee of benefits -- by, among other things: basing their reimbursement decisions on maximizing profits to Defendants rather than on the terms of the Plan and applicable statutes and regulations; failing to

make decisions in the interests of beneficiaries; and failing to act in accordance with the Plan documents.

79. In addition, UBF, Aetna, and Omni violated their fiduciary duties to the Plan beneficiaries by, among other things, failing to inform HUMC -- as assignee of benefits -- of material information, by misrepresenting requirements for reimbursement under the Plan, and imposing unduly burdensome preconditions to payment not contemplated by the Plan.

80. As the result of UBF's, Aetna's, and Omni's violations of their fiduciary duties to its beneficiaries -- including HUMC as assignee of benefits -- HUMC has suffered, and continues to suffer, substantial damages, for which it is entitled to appropriate relief under 29 U.S.C. §§1104, 1132(a)(3).

**COUNT THREE**  
**(Denial of Full and Fair Review in Violation of ERISA § 503 –  
against all Defendants)**

81. HUMC incorporates by reference all of the foregoing allegations as if set forth at herein length.

82. As an assignee and authorized representative of the claims on behalf of Patient 1, HUMC is entitled to receive protection under ERISA, including (a) a “full and fair review” of all claims denied by Defendants; and (b) compliance by Defendants with applicable claims procedure regulations.

83. Although Defendants are obligated to provide a “full and fair review” of denied claims pursuant to ERISA § 503, 29 U.S.C. § 1133 and applicable regulations, including 29 C.F.R. § 2560.503-1 and 29 C.F.R. § 2590.715-2719, Defendants have failed to do so by, among other actions: refusing to provide the specific reason or reasons for the substantial underpayment on HUMC’s claims on behalf of Patient 1; refusing to provide the specific plan provisions relied upon to support its denial; refusing to provide the specific rule, guideline, or protocol relied upon in making the decision to deny or underpay these claims; refusing to describe any additional material or information necessary to perfect a claim; refusing to notify the relevant parties that they are entitled to have, free of charge, all documents, records and other information relevant to the claims for benefits; refusing to provide a statement describing any appeals procedure available, or a description of all required information to be given in connection with that procedure and refusing to provide information necessary to enable HUMC to ascertain the Plan’s grandfathered status under the ACA. By failing to comply with the ERISA claims procedures regulations, Defendants failed to provide a reasonable claims procedure.

84. Because Defendants have all failed to comply with the substantive and procedural requirements of ERISA, any administrative remedies are deemed exhausted pursuant to 29 C.F.R. § 2560.503-1(l) and 29 C.F.R. § 2590.715-

2719(b)(2)(ii)(F)(1). Exhaustion is also excused because it would be futile to pursue administrative remedies, as Defendants do not acknowledge any basis for their denials and thus offer no meaningful administrative process for challenging their denials.

85. HUMC has been harmed by Defendants' failure to provide a full and fair review of appeals submitted under ERISA § 503, 29 U.S.C. § 1133, and by Defendants' failures to disclose information relevant to appeals, to comply with applicable claims procedure regulations, and to provide information needed to ascertain the Plan's grandfathered status under the ACA.

86. HUMC is entitled to relief under ERISA § 502(a)(3), 29 U.S.C. § 1132(a)(3), including declaratory and injunctive relief, to remedy Defendants' failures to provide a full and fair review, to disclose information relevant to appeals and the Plan's grandfathered status under the ACA, and to comply with applicable claims procedure regulations.

### **PRAYER FOR RELIEF**

WHEREFORE, HUMC demands judgment in its favor against Defendants as follows:

A. Declaring that UBF has breached the terms of the Plan with regard to out-of-network benefits and awarding damages for unpaid out-of-network

benefits, as well as awarding injunctive and declaratory relief to prevent Defendants' continuing actions detailed herein that are unauthorized by the Plan;

B. Declaring that Defendants violated their fiduciary duties under § 404 of ERISA, 29 U.S.C. § 1104, and awarding injunctive, declaratory and other equitable relief to ensure compliance with ERISA;

C. Declaring that Defendants failed to provide a "full and fair review" under § 503 of ERISA, 29 U.S.C. § 1133, and applicable claims procedure regulations, and that "deemed exhaustion" under such regulations is in effect as a result of Defendants' actions, as well as awarding injunctive, declaratory and other equitable relief to ensure compliance with ERISA and its claims procedure regulations;

D. Temporarily and permanently enjoining Defendants from continuing to pursue their actions detailed herein, and ordering Defendants to pay benefits in accordance with the terms of the Plan and applicable law;

E. Awarding restitution for reimbursements improperly withheld by Defendants;

F. Declaring that Defendants have violated the terms of the Plan;

G. Requiring Defendants to make full payment on all previously denied charges relating to HUMC's claims for reimbursement under the Plan for the services it provided to Patient 1;

H. Requiring Defendants to pay HUMC the benefit amounts as required under the Plan;

I. Awarding reasonable attorneys' fees, as provided by § 502(g) of ERISA, 29 U.S.C. § 1132(g);

J. Awarding costs of suit;

K. Awarding pre-judgment and post-judgment interest; and

L. Awarding all other relief to which HUMC is entitled.

Respectfully submitted,

**K&L GATES LLP**

One Newark Center, Tenth Floor

Newark, New Jersey 07102

Tel: (973) 848-4000

Fax: (973) 848-4001

*Attorneys for Plaintiff*

*HUMC Opco LLC, d/b/a CarePoint Health*

*-- Hoboken University Medical Center*

By: /s/ Anthony P. La Rocco  
Anthony P. La Rocco

Dated: August 1, 2016

**CERTIFICATION UNDER L. CIV. R. 11.2**

I certify that the matter in controversy is not the subject matter of any other action pending in any court or of any pending arbitration or administrative proceeding.

Respectfully submitted,

**K&L GATES LLP**

One Newark Center, Tenth Floor

Newark, New Jersey 07102

Tel: (973) 848-4000

Fax: (973) 848-4001

*Attorneys for Plaintiff*

*HUMC Opco LLC, d/b/a CarePoint Health*

*-- Hoboken University Medical Center*

By: /s/ Anthony P. La Rocco  
Anthony P. La Rocco

Dated: August 1, 2016

**LOCAL RULE 201.1 CERTIFICATION**

I certify under penalty of perjury that the matter in controversy is not eligible for compulsory arbitration because the damages recoverable by plaintiff exceed the sum of \$150,000, exclusive of interest and costs.

Respectfully submitted,

**K&L GATES LLP**

One Newark Center, Tenth Floor

Newark, New Jersey 07102

Tel: (973) 848-4000

Fax: (973) 848-4001

*Attorneys for Plaintiff*

*HUMC Opco LLC, d/b/a CarePoint Health*

*-- Hoboken University Medical Center*

By: /s/ Anthony P. La Rocco  
Anthony P. La Rocco

Dated: August 1, 2016

## Exhibit B



P.O. BOX 981106  
EL PASO, TX 79899-1106  
USA

HOBOKEN UNIVERSITY MEDICAL CENTER  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

Printed: 09/25/2015  
Page: 1 of 36

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

### Notes:

Update your address, telephone number, e-mail address and/or NPI information by visiting our website.

**Patient Name:** [REDACTED] (self)

Claim ID: P1JLM6G7B43 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG28195

Member: [REDACTED]

Group Name: UNITED BENEFIT FUND

DIAG: 434.91, 431, 518.81

Group Number: 0863860-10-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
12/27-12/31/14	21	206		82,775.80			82,775.80	1				0.00
<b>TOTALS</b>				82,775.80			82,775.80					0.00

ISSUED AMT:

NO PAY

### Remarks:

1 - This is a duplicate claim that has already been considered for payment. 114

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P1JLM6G7B41 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG28195

Member: [REDACTED]

Group Name: UNITED BENEFIT FUND

DIAG: 434.91, 431, 518.81

Group Number: 0863860-10-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
12/17-12/21/14	21	206		82,775.80			82,775.80	1				0.00
<b>TOTALS</b>				82,775.80			82,775.80					0.00

ISSUED AMT:

NO PAY

### Remarks:

1 - This is a duplicate claim that has already been considered for payment. 114

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P1JLM6G7B40 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

Group Name: UNITED BENEFIT FUND

DIAG: 434.91, 431, 518.81

Group Number: 0863860-10-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
12/12-12/16/14	21	206		82,775.80			82,775.80	1				0.00
<b>TOTALS</b>				82,775.80			82,775.80					0.00

Continued on Next Page



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EL PASO TX 79998-1106  
USA

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## Explanation Of Benefits

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Page: 2 of 36

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

ISSUED AMT: NO PAY

**Remarks:**

1 - This is a duplicate claim that has already been considered for payment. 114  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P1JLM6G7B39 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 | P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
12/07-12/11/14	21	206		82,775.80			82,775.80	1				0.00
<b>TOTALS</b>				82,775.80			82,775.80					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This is a duplicate claim that has already been considered for payment. 114  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P1JLM6G7B38 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 | P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
12/02-12/06/14	21	206		82,775.80			82,775.80	1				0.00
<b>TOTALS</b>				82,775.80			82,775.80					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This is a duplicate claim that has already been considered for payment. 114  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P1JLM6G7B37 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 | P1\$ME0  
Network ID: 00000

Continued on Next Page



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EL PASO TX 79998-1106  
USA

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## Explanation Of Benefits

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Printed: 09/25/2015  
Page: 3 of 36

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
11/28-12/02/14	21	206		82,775.80			82,775.80	1				0.00
<b>TOTALS</b>				82,775.80			82,775.80					0.00

ISSUED AMT: NO PAY

**Remarks:**

- 1 - This is a duplicate claim that has already been considered for payment. 114  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P1JLM8G7B36 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 I P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
11/23-11/27/14	21	206		82,775.80			82,775.80	1				0.00
<b>TOTALS</b>				82,775.80			82,775.80					0.00

ISSUED AMT: NO PAY

**Remarks:**

- 1 - This is a duplicate claim that has already been considered for payment. 114  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P1JLM8G7B35 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 I P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
11/18-11/22/14	21	206		82,775.80			82,775.80	1				0.00
<b>TOTALS</b>				82,775.80			82,775.80					0.00

ISSUED AMT: NO PAY

**Remarks:**

- 1 - This is a duplicate claim that has already been considered for payment. 114  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Continued on Next Page



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USA

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## Explanation Of Benefits

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Page: 4 of 36

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

Claim ID: P1JLM6G7B34 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 I P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
11/13-11/17/14	21	206		82,775.80			82,775.80	1				0.00
<b>TOTALS</b>				82,775.80			82,775.80					0.00

ISSUED AMT: NO PAY

Remarks:

1 - This is a duplicate claim that has already been considered for payment. 114  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P1JLM6G7B33 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 I P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
11/08-11/12/14	21	206		82,775.80			82,775.80	1				0.00
<b>TOTALS</b>				82,775.80			82,775.80					0.00

ISSUED AMT: NO PAY

Remarks:

1 - This is a duplicate claim that has already been considered for payment. 114  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P1JLM6G7B32 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 I P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
11/03-11/07/14	21	206		82,775.80			82,775.80	1				0.00
<b>TOTALS</b>				82,775.80			82,775.80					0.00

ISSUED AMT: NO PAY

Remarks:

1 - This is a duplicate claim that has already been considered for payment. 114  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Continued on Next Page



P.O. BOX 981106  
EL PASO TX 79998-1106  
USA

Mailing Address:  
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PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

Printed: 09/25/2015  
Page: 5 of 38

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

**Patient Name:** [REDACTED] (self)

Claim ID: P1JLM6G7B31 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
10/29-11/02/14	21	206		82,775.80			82,775.80	1				0.00
<b>TOTALS</b>				82,775.80			82,775.80					0.00

ISSUED AMT:

NO PAY

**Remarks:**

1 - This is a duplicate claim that has already been considered for payment. 114

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P1JLM6G7B30 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
10/24-10/28/14	21	206		82,775.80			82,775.80	1				0.00
<b>TOTALS</b>				82,775.80			82,775.80					0.00

ISSUED AMT:

NO PAY

**Remarks:**

1 - This is a duplicate claim that has already been considered for payment. 114

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P1JLM6G7B29 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
10/19-10/23/14	21	206		82,775.80			82,775.80	1				0.00
<b>TOTALS</b>				82,775.80			82,775.80					0.00

ISSUED AMT:

NO PAY

**Remarks:**

1 - This is a duplicate claim that has already been considered for payment. 114

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Continued on Next Page

UBF-AETNA 000296

CONFIDENTIAL



P.O. BOX 981106  
EL PASO TX 79998-1106  
USA

Mailing Address:  
HOBOKEN UNIVERSITY MEDICAL CENTER  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

Printed: 09/25/2015  
Page: 6 of 36

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

**Patient Name:** [REDACTED] (self)

Claim ID: P1JLM6G7B28 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 | P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
10/14-10/18/14	21	206		82,775.80			82,775.80	1				0.00
<b>TOTALS</b>				82,775.80			82,775.80					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This is a duplicate claim that has already been considered for payment. 114  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P1JLM6G7B27 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 | P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
10/09-10/13/14	21	206		82,775.80			82,775.80	1				0.00
<b>TOTALS</b>				82,775.80			82,775.80					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This is a duplicate claim that has already been considered for payment. 114  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P1JLM6G7B26 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 | P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
10/04-10/08/14	21	206		82,775.80			82,775.80	1				0.00
<b>TOTALS</b>				82,775.80			82,775.80					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This is a duplicate claim that has already been considered for payment. 114  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

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P.O. BOX 981108  
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USA

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PO BOX 824491  
PHILADELPHIA PA 19182-4491

### Explanation Of Benefits

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

**Patient Name:** [REDACTED] (self)

Claim ID: P1JLM6G7B25 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
08/29-09/30/14	21	206		33,110.32			33,110.32	1				0.00
10/01-10/03/14	21	206		49,665.48			49,665.48	1				0.00
<b>TOTALS</b>				82,775.80			82,775.80					0.00

ISSUED AMT:

NO PAY

**Remarks:**

1 - This is a duplicate claim that has already been considered for payment. 114

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P1JLM6G7B24 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
09/24-09/28/14	21	206		82,775.80			82,775.80	1				0.00
<b>TOTALS</b>				82,775.80			82,775.80					0.00

ISSUED AMT:

NO PAY

**Remarks:**

1 - This is a duplicate claim that has already been considered for payment. 114

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P1JLM6G7B23 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
09/19-09/23/14	21	206		82,775.80			82,775.80	1				0.00
<b>TOTALS</b>				82,775.80			82,775.80					0.00

ISSUED AMT:

NO PAY

**Remarks:**

1 - This is a duplicate claim that has already been considered for payment. 114

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UBF-AETNA 000298

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## Explanation Of Benefits

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

**Patient Name:** [REDACTED] (self)

**Remarks (contd):**

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P1JLM6G7B22 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
09/14-09/18/14	21	206		82,775.80			82,775.80	1				0.00
<b>TOTALS</b>				82,775.80			82,775.80					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This is a duplicate claim that has already been considered for payment. 114

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P1JLM6G7B21 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
09/09-09/13/14	21	206		82,775.80			82,775.80	1				0.00
<b>TOTALS</b>				82,775.80			82,775.80					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This is a duplicate claim that has already been considered for payment. 114

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P1JLM6G7B20 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
09/04-09/08/14	21	206		82,775.80			82,775.80	1				0.00
<b>TOTALS</b>				82,775.80			82,775.80					0.00

ISSUED AMT: NO PAY

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### Explanation Of Benefits

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0008420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

**Remarks:**

1 - This is a duplicate claim that has already been considered for payment. 114  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P1JLM6G7B19 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
08/30-09/03/14	21	206		82,775.80			82,775.80	1				0.00
<b>TOTALS</b>				82,775.80			82,775.80					0.00

ISSUED AMT:

NO PAY

**Remarks:**

1 - This is a duplicate claim that has already been considered for payment. 114  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P1JLM6G7B18 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
08/25-08/29/14	21	206		82,775.80			49,665.48	1			33,110.32	0.00
							33,110.32	2				
								3				
<b>TOTALS</b>				82,775.80			82,775.80				33,110.32	0.00

ISSUED AMT:

NO PAY

**Remarks:**

1 - This is a duplicate claim that has already been considered for payment. 114  
2 - Partial Denial. We have determined that a portion of this confinement is not medically necessary. The allowed amount was reduced to reflect the days we authorized. The member is responsible for this amount, along with any coinsurance and/or deductible listed. [N72]  
3 - This is a fair payment for services covered by the plan. No balance billing allowed. [O52]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P1JLM6G7B17 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

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UBF-AETNA 000300

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## Explanation Of Benefits

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
08/20-08/24/14	21	206		82,775.80			33,110.32	1			49,665.48	0.00
							49,665.48	2				
								3				
<b>TOTALS</b>				82,775.80			82,775.80				49,665.48	0.00

ISSUED AMT: NO PAY

### Remarks:

- 1 - This is a duplicate claim that has already been considered for payment. 114
- 2 - Partial Denial. We have determined that a portion of this confinement is not medically necessary. The allowed amount was reduced to reflect the days we authorized. The member is responsible for this amount, along with any coinsurance and/or deductible listed. [N72]
- 3 - This is a fair payment for services covered by the plan. No balance billing allowed. [O52]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P1JLM6G7B16 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 I P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
08/15-08/19/14	21	206		82,775.80			82,775.80	1				0.00
<b>TOTALS</b>				82,775.80			82,775.80					0.00

ISSUED AMT: NO PAY

### Remarks:

- 1 - This is a duplicate claim that has already been considered for payment. 114  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P1JLM6G7B15 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 I P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
08/13-08/14/14	21	202		33,351.00			33,351.00	1				0.00
<b>TOTALS</b>				33,351.00			33,351.00					0.00

ISSUED AMT: NO PAY

### Remarks:

- 1 - This is a duplicate claim that has already been considered for payment. 114

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UBF-AETNA 000301

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## Explanation Of Benefits

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

**Patient Name:** [REDACTED] (self)

**Remarks (contd):**

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P1JLM6G7B14 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
08/08-08/12/14	21	202		83,376.60			83,376.60	1				0.00
<b>TOTALS</b>				83,376.60			83,376.60					0.00

ISSUED AMT:

NO PAY

**Remarks:**

1 - This is a duplicate claim that has already been considered for payment. 114

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P1JLM6G7B13 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
08/03-08/07/14	21	202		83,376.60			83,376.60	1				0.00
<b>TOTALS</b>				83,376.60			83,376.60					0.00

ISSUED AMT:

NO PAY

**Remarks:**

1 - This is a duplicate claim that has already been considered for payment. 114

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P1JLM6G7B12 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
07/28-08/02/14	21	202		83,376.60			83,376.60	1				0.00
<b>TOTALS</b>				83,376.60			83,376.60					0.00

ISSUED AMT:

NO PAY

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## Explanation Of Benefits

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

**Patient Name:** [REDACTED] (self)

**Remarks:**

1 - This is a duplicate claim that has already been considered for payment. 114  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P1JLM6G7B11 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
07/23-07/27/14	21	202		83,376.60			83,376.60	1				0.00
<b>TOTALS</b>				83,376.60			83,376.60					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This is a duplicate claim that has already been considered for payment. 114  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P1JLM6G7B10 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
07/18-07/22/14	21	202		83,376.60			83,376.60	1				0.00
<b>TOTALS</b>				83,376.60			83,376.60					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This is a duplicate claim that has already been considered for payment. 114  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P1JLM6G7B09 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
07/13-07/17/14	21	202		83,376.60			83,376.60	1				0.00
<b>TOTALS</b>				83,376.60			83,376.60					0.00

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USA

Mailing Address:  
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PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

Printed: 09/25/2015  
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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

ISSUED AMT: NO PAY

### Remarks:

- 1 - This is a duplicate claim that has already been considered for payment. 114  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P1JLM6G7B08 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
07/08-07/12/14	21	202		83,376.60			50,025.96	1			33,350.64	0.00
							33,350.64	2				
<b>TOTALS</b>				83,376.60			83,376.60				33,350.64	0.00

ISSUED AMT: NO PAY

### Remarks:

- 1 - This is a duplicate claim that has already been considered for payment. 114  
2 - Partial Denial. We have determined that a portion of this confinement is not medically necessary. The allowed amount was reduced to reflect the days we authorized. The member is responsible for this amount, along with any coinsurance and/or deductible listed. [N72]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P1JLM6G7B07 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
07/03-07/07/14	21	202		83,376.60			83,376.60	1			83,376.60	0.00
<b>TOTALS</b>				83,376.60			83,376.60				83,376.60	0.00

ISSUED AMT: NO PAY

### Remarks:

- 1 - Partial Denial. We have determined that a portion of this confinement is not medically necessary. The allowed amount was reduced to reflect the days we authorized. The member is responsible for this amount, along with any coinsurance and/or deductible listed. [N72]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P1JLM6G7B06 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

Continued on Next Page

UBF-AETNA 000304

CONFIDENTIAL



P.O. BOX 981106  
EL PASO TX 79998-1106  
USA

Mailing Address:  
HOBOKEN UNIVERSITY MEDICAL CENTER  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

Printed: 09/25/2015  
Page: 14 of 36

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
06/26-07/02/14	21	202		83,376.60			83,376.60	1			83,376.60	0.00
<b>TOTALS</b>				83,376.60			83,376.60				83,376.60	0.00

ISSUED AMT: NO PAY

Remarks:

1 - Partial Denial. We have determined that a portion of this confinement is not medically necessary. The allowed amount was reduced to reflect the days we authorized. The member is responsible for this amount, along with any coinsurance and/or deductible listed. (N72)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P1JLM6G7B05 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

Group Name: UNITED BENEFIT FUND

Product: Aetna Choice® POS II

Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81

Group Number: 0863860-10-151 | P1\$ME0

Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
06/23-06/27/14	21	202		83,376.60			83,376.60	1			83,376.60	0.00
<b>TOTALS</b>				83,376.60			83,376.60				83,376.60	0.00

ISSUED AMT: NO PAY

Remarks:

1 - Partial Denial. We have determined that a portion of this confinement is not medically necessary. The allowed amount was reduced to reflect the days we authorized. The member is responsible for this amount, along with any coinsurance and/or deductible listed. (N72)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P1JLM6G7B04 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

Group Name: UNITED BENEFIT FUND

Product: Aetna Choice® POS II

Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81

Group Number: 0863860-10-151 | P1\$ME0

Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
06/18-06/22/14	21	202		83,376.60			83,376.60	1			83,376.60	0.00
<b>TOTALS</b>				83,376.60			83,376.60				83,376.60	0.00

ISSUED AMT: NO PAY

Remarks:

1 - Partial Denial. We have determined that a portion of this confinement is not medically necessary. The allowed amount was reduced to reflect the days we authorized. The member is responsible for this amount, along with any coinsurance and/or deductible listed. (N72)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Continued on Next Page

UBF-AETNA 000305

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USA

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

Printed: 09/25/2015  
Page: 15 of 36

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0008420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

Claim ID: P1JLM6G7B03 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 | P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
06/13-06/17/14	21	202		83,376.60			83,376.60	1			83,376.60	0.00
<b>TOTALS</b>				83,376.60			83,376.60				83,376.60	0.00

ISSUED AMT: NO PAY

### Remarks:

1 - Partial Denial. We have determined that a portion of this confinement is not medically necessary. The allowed amount was reduced to reflect the days we authorized. The member is responsible for this amount, along with any coinsurance and/or deductible listed. [N72]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P1JLM6G7B02 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 | P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
06/08-06/12/14	21	202		83,376.60			50,025.96	1			33,350.64	0.00
							33,350.64	2				
<b>TOTALS</b>				83,376.60			83,376.60				33,350.64	0.00

ISSUED AMT: NO PAY

### Remarks:

1 - This is a duplicate claim that has already been considered for payment. 114  
2 - Partial Denial. We have determined that a portion of this confinement is not medically necessary. The allowed amount was reduced to reflect the days we authorized. The member is responsible for this amount, along with any coinsurance and/or deductible listed. [N72]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P1JLM6G7B01 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 | P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
06/03-06/07/14	21	202		83,376.60			83,376.60	1				0.00
<b>TOTALS</b>				83,376.60			83,376.60					0.00

Continued on Next Page



P.O. BOX 981106  
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USA

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PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

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Page: 16 of 36

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

ISSUED AMT: NO PAY

### Remarks:

1 - This is a duplicate claim that has already been considered for payment. 114  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P1JLM6G7B00 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-06/02/14	21	202		83,376.60			83,376.60	1				0.00
<b>TOTALS</b>				83,376.60			83,376.60					0.00

ISSUED AMT: NO PAY

### Remarks:

1 - This is a duplicate claim that has already been considered for payment. 114  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PQTWN36DX08 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/01-05/22/15	21	801		69,078.97			69,078.97	1				0.00
<b>TOTALS</b>				69,078.97			69,078.97					0.00

ISSUED AMT: NO PAY

### Remarks:

1 - This is a duplicate claim that has already been considered for payment. 114  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PQTWN36DX07 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

Continued on Next Page

UBF-AETNA 000307

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EL PASO TX 79998-1106  
USA

Mailing Address:  
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PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

**Patient Name:** [REDACTED] (self)

Claim ID: PCABN38RW00 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/01-01/05/15	21	206		82,775.80			82,775.80	1				0.00
<b>TOTALS</b>				82,775.80			82,775.80					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This is a duplicate claim that has already been considered for payment. 114  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P1JLM6G7B42 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
12/22-12/26/14	21	206		82,775.80			82,775.80	1				0.00
<b>TOTALS</b>				82,775.80			82,775.80					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This is a duplicate claim that has already been considered for payment. 114  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

For Questions Regarding This Claim  
P.O. BOX 981106 EL PASO, TX 79998-1106

**CALL (888) 632-3862 FOR ASSISTANCE**

Note: All inquiries should reference the ID number above for prompt response.

Total Patient Responsibility: \$566,360.08

Claim Payment: \$0.00

Protecting the privacy of member health information is a top priority. When contacting us about this statement or for help with other questions, please be prepared to provide your provider number, tax identification number (TIN), or Social Security number (SSN), in addition to the member's ID number.



P.O. BOX 981106  
EL PASO TX 79998-1106  
USA

## Explanation Of Benefits

Please Retain for Future Reference

Printed: 09/25/2015  
Page: 1 of 36

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXX7328  
NO PAY

HOBOKEN UNIVERSITY MEDICAL CENTER  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

### Notes:

Update your address, telephone number, e-mail address and/or NPI information by visiting our website.

**Patient Name:** [REDACTED] (self)

Claim ID: P1JLM6G7B43 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
12/27-12/31/14	21	206		82,775.80			82,775.80	1				0.00
<b>TOTALS</b>				82,775.80			82,775.80					0.00

ISSUED AMT:

NO PAY

### Remarks:

1 - This is a duplicate claim that has already been considered for payment. 114

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P1JLM6G7B41 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
12/17-12/21/14	21	206		82,775.80			82,775.80	1				0.00
<b>TOTALS</b>				82,775.80			82,775.80					0.00

ISSUED AMT:

NO PAY

### Remarks:

1 - This is a duplicate claim that has already been considered for payment. 114

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P1JLM6G7B40 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
12/12-12/16/14	21	206		82,775.80			82,775.80	1				0.00
<b>TOTALS</b>				82,775.80			82,775.80					0.00

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P.O. BOX 981106  
EL PASO TX 79998-1106  
USA

Payment Address:  
HUMC OPCO, LLC  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

Printed: 08/05/2015  
Page: 14 of 31

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXX7328  
Trace Number: 815217520000476  
Trace Amount: \$12,907.18

Patient Name: [REDACTED] (self)

Claim ID: P2Y0MH9KZ08 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-11-151 I P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
02/10-02/14/15	21	206		90,000.00			90,000.00	1			90,000.00	0.00
<b>TOTALS</b>				90,000.00			90,000.00				90,000.00	0.00

ISSUED AMT: NO PAY

### Remarks:

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P2Y0MH9KZ07 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-11-151 I P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
02/05-02/09/15	21	206		90,000.00			90,000.00	1			90,000.00	0.00
<b>TOTALS</b>				90,000.00			90,000.00				90,000.00	0.00

ISSUED AMT: NO PAY

### Remarks:

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P2Y0MH9KZ08 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-11-151 I P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/31-02/04/15	21	206		90,000.00			90,000.00	1			90,000.00	0.00
<b>TOTALS</b>				90,000.00			90,000.00				90,000.00	0.00

ISSUED AMT: NO PAY

### Remarks:

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Continued on Next Page

UBF-AETNA 000310

CONFIDENTIAL



P.O. BOX 981106  
EL PASO TX 79998-1106  
USA

Payment Address:  
HUMC OPCO, LLC  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

Printed: 08/05/2015  
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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
Trace Number: 815217520000476  
Trace Amount: \$12,907.18

**Patient Name:** [REDACTED] (self)

Claim ID: P2Y0MH9KZ05 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-11-151 I P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/26-01/30/15	21	206		90,000.00			90,000.00	1			90,000.00	0.00
<b>TOTALS</b>				90,000.00			90,000.00				90,000.00	0.00

ISSUED AMT: NO PAY

**Remarks:**

- 1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P2Y0MH9KZ04 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-11-151 I P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/21-01/25/15	21	206		90,000.00			90,000.00	1			90,000.00	0.00
<b>TOTALS</b>				90,000.00			90,000.00				90,000.00	0.00

ISSUED AMT: NO PAY

**Remarks:**

- 1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P2Y0MH9KZ03 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-11-151 I P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/16-01/20/15	21	206		90,000.00			90,000.00	1			90,000.00	0.00
<b>TOTALS</b>				90,000.00			90,000.00				90,000.00	0.00

ISSUED AMT: NO PAY

**Remarks:**

- 1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Continued on Next Page

UBF-AETNA 000311

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USA

Payment Address:  
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PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

Printed: 08/05/2015  
Page: 16 of 31

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
Trace Number: 815217520000476  
Trace Amount: \$12,907.18

**Patient Name:** [REDACTED] (self)

Claim ID: P2Y0MH9KZ02 Recd: 08/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-11-151 | P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/11-01/15/15	21	206		90,000.00			90,000.00	1			90,000.00	0.00
<b>TOTALS</b>				90,000.00			90,000.00				90,000.00	0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P2Y0MH9KZ01 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-11-151 | P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/06-01/10/15	21	206		90,000.00			90,000.00	1			90,000.00	0.00
<b>TOTALS</b>				90,000.00			90,000.00				90,000.00	0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P2Y0MH9KZ00 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-11-151 | P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/01-01/05/15	21	206		90,000.00			90,000.00	1			90,000.00	0.00
<b>TOTALS</b>				90,000.00			90,000.00				90,000.00	0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

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UBF-AETNA 000312

CONFIDENTIAL



P.O. BOX 981106  
EL PASO TX 79998-1106  
USA

Payment Address:  
HUMC OPCO, LLC  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

Printed: 08/05/2015  
Page: 27 of 31

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
Trace Number: 815217520000476  
Trace Amount: \$12,907.18

Patient Name: [REDACTED] (self)

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
06/04-06/09/14	21	202		84,000.00			84,000.00	1			84,000.00	0.00
<b>TOTALS</b>				84,000.00			84,000.00				84,000.00	0.00

ISSUED AMT: NO PAY

### Remarks:

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN00 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-06/03/14	21	202	6.0	84,000.00	4,270.37							4,270.37
<b>TOTALS</b>				84,000.00	4,270.37							4,270.37

ISSUED AMT: \$4,270.37

### Remarks:

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P2Y0MH9KZ20 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
04/10-04/12/15	21	206		54,000.00			54,000.00	1			54,000.00	0.00
<b>TOTALS</b>				54,000.00			54,000.00				54,000.00	0.00

ISSUED AMT: NO PAY

### Remarks:

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Continued on Next Page



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EL PASO TX 79998-1106  
USA

Payment Address:  
HUMC OPCI, LLC  
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PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXX7328  
Trace Number: 815217520000476  
Trace Amount: \$12,907.18

**Patient Name:** [REDACTED] (self)

Claim ID: P2Y0MH9KZ19 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-11-151 I P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
04/05-04/09/15	21	206		90,000.00			90,000.00	1			90,000.00	0.00
<b>TOTALS</b>				90,000.00			90,000.00				90,000.00	0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P2Y0MH9KZ18 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-11-151 I P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
03/31-04/04/15	21	206		90,000.00			90,000.00	1			90,000.00	0.00
<b>TOTALS</b>				90,000.00			90,000.00				90,000.00	0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P2Y0MH9KZ17 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-11-151 I P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
03/26-03/30/15	21	206		90,000.00			90,000.00	1			90,000.00	0.00
<b>TOTALS</b>				90,000.00			90,000.00				90,000.00	0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Continued on Next Page

UBF-AETNA 000314

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EL PASO TX 79998-1106  
USA

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HUMC OPCO, LLC  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
Trace Number: 815217520000476  
Trace Amount: \$12,907.18

Patient Name: [REDACTED] (self)

Claim ID: P2Y0MH9KZ16 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

Group Name: UNITED BENEFIT FUND

Product: Aetna Choice® POS II

Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-11-151 | P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
03/21-03/25/15	21	206		90,000.00			90,000.00	1			90,000.00	0.00
<b>TOTALS</b>				90,000.00			90,000.00				90,000.00	0.00

ISSUED AMT: NO PAY

### Remarks:

- 1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P2Y0MH9KZ15 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

Group Name: UNITED BENEFIT FUND

Product: Aetna Choice® POS II

Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-11-151 | P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
03/16-03/20/15	21	206		90,000.00			90,000.00	1			90,000.00	0.00
<b>TOTALS</b>				90,000.00			90,000.00				90,000.00	0.00

ISSUED AMT: NO PAY

### Remarks:

- 1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P2Y0MH9KZ14 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

Group Name: UNITED BENEFIT FUND

Product: Aetna Choice® POS II

Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-11-151 | P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
03/11-03/15/15	21	206		90,000.00			90,000.00	1			90,000.00	0.00
<b>TOTALS</b>				90,000.00			90,000.00				90,000.00	0.00

ISSUED AMT: NO PAY

### Remarks:

- 1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Continued on Next Page



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USA

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PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

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Page: 31 of 31

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
Trace Number: 815217520000476  
Trace Amount: \$12,907.18

Patient Name: [REDACTED] (self)

Claim ID: P2Y0MH9KZ10 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-11-151 I P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
02/20-02/24/15	21	206		90,000.00			90,000.00	1			90,000.00	0.00
<b>TOTALS</b>				90,000.00			90,000.00				90,000.00	0.00

ISSUED AMT: NO PAY

Remarks:

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P2Y0MH9KZ09 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-11-151 I P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
02/15-02/19/15	21	206		90,000.00			90,000.00	1			90,000.00	0.00
<b>TOTALS</b>				90,000.00			90,000.00				90,000.00	0.00

ISSUED AMT: NO PAY

Remarks:

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

For Questions Regarding This Claim  
P.O. BOX 981106 EL PASO, TX 79998-1106  
**CALL (888) 632-3862 FOR ASSISTANCE**  
Note: All inquiries should reference the ID number above for prompt response.

Total Patient Responsibility: \$6,560,430.51  
Claim Payment: \$12,907.18

**Total Payment to: HOBOKEN UNIVERSITY MEDICAL CENTER**

**\$12,907.18**

Protecting the privacy of member health information is a top priority. When contacting us about this statement or for help with other questions, please be prepared to provide your provider number, tax identification number (TIN), or Social Security number (SSN), in addition to the member's ID number.



P.O. BOX 981106  
EL PASO TX 79998-1106  
USA

Mailing Address:  
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## Explanation Of Benefits

Please Retain for Future Reference

Printed: 09/02/2015  
Page: 5 of 19

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

Claim ID: PK35LG5K509 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-11-151 I P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/01-04/14/15	21	260		15,655.88			15,655.88	1				0.00
01/01-04/14/15	21	270		2,179.93			2,179.93	1				0.00
01/01-04/14/15	21	271		0.17			0.17	1				0.00
01/01-04/14/15	21	272		7,652.92			7,652.92	1				0.00
01/01-04/14/15	21	278		2,642.64			2,642.64	1				0.00
01/01-04/14/15	21	300		5,576.95			5,576.95	1				0.00
01/01-04/14/15	21	301		56,262.35			56,262.35	1				0.00
<b>TOTALS</b>				<b>89,970.84</b>			<b>89,970.84</b>					<b>0.00</b>

ISSUED AMT: NO PAY

Remarks:

1 - This claim is a result of a correction of a previously submitted claim. [J51]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P2Y0MH9KZ28 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-11-151 I P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
03/07-03/11/15	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				<b>90,000.00</b>			<b>90,000.00</b>					<b>0.00</b>

ISSUED AMT: NO PAY

Remarks:

1 - This claim is a result of a correction of a previously submitted claim. [J51]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P2Y0MH9KZ27 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-11-151 I P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
03/11-03/15/15	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				<b>90,000.00</b>			<b>90,000.00</b>					<b>0.00</b>

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UBF-AETNA 000317

CONFIDENTIAL



P.O. BOX 981106  
EL PASO TX 79998-1106  
USA

Mailing Address:  
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PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

Printed: 09/02/2015  
Page: 6 of 19

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

ISSUED AMT: NO PAY

Remarks:

1 - This claim is a result of a correction of a previously submitted claim. [J51]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P2Y0MH9KZ26 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

Group Name: UNITED BENEFIT FUND

Product: Aetna Choice® POS II

Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81

Group Number: 0863860-11-151 | P1\$ME0

Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
03/16-03/20/15	21	206		90,000.00			90,000.00	1				0.00
TOTALS				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

Remarks:

1 - This claim is a result of a correction of a previously submitted claim. [J51]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P2Y0MH9KZ25 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

Group Name: UNITED BENEFIT FUND

Product: Aetna Choice® POS II

Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81

Group Number: 0863860-11-151 | P1\$ME0

Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
03/21-03/25/15	21	206		90,000.00			90,000.00	1				0.00
TOTALS				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

Remarks:

1 - This claim is a result of a correction of a previously submitted claim. [J51]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P2Y0MH9KZ24 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

Group Name: UNITED BENEFIT FUND

Product: Aetna Choice® POS II

Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81

Group Number: 0863860-11-151 | P1\$ME0

Network ID: 00000

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P.O. BOX 981106  
EL PASO TX 79998-1106  
USA

Mailing Address:  
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## Explanation Of Benefits

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Printed: 09/02/2015  
Page: 7 of 19

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
03/26-03/30/15	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This claim is a result of a correction of a previously submitted claim. [J51]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P2Y0MH9KZ23 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

Group Name: UNITED BENEFIT FUND

Product: Aetna Choice® POS II

Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81

Group Number: 0863860-11-151 | P1\$ME0

Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
03/31-04/04/15	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This claim is a result of a correction of a previously submitted claim. [J51]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P2Y0MH9KZ22 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

Group Name: UNITED BENEFIT FUND

Product: Aetna Choice® POS II

Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81

Group Number: 0863860-11-151 | P1\$ME0

Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
04/05-04/09/15	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This claim is a result of a correction of a previously submitted claim. [J51]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Continued on Next Page



P.O. BOX 981106  
EL PASO TX 79998-1106  
USA

**Mailing Address:**  
HOBOKEN UNIVERSITY MEDICAL CENTER  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

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Page: 8 of 19

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

**Patient Name:** [REDACTED] (self)

Claim ID: P2Y0MH9KZ21 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
04/10-04/12/15	21	206		54,000.00			54,000.00	1				0.00
<b>TOTALS</b>				54,000.00			54,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This claim is a result of a correction of a previously submitted claim. (J51)

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P8Y0KSWMQ20 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	381		14,127.48			14,127.48	1				0.00
05/29-12/31/14	21	370		13,641.19			13,641.19	1				0.00
05/29-12/31/14	21	390		6,365.60			6,365.60	1				0.00
05/29-12/31/14	21	391		8,384.91			8,384.91	1				0.00
05/29-12/31/14	21	402		4,582.15			4,582.15	1				0.00
05/29/14	21	450		15,605.40			15,605.40	1				0.00
05/29-12/31/14	21	483		2,431.35			2,431.35	1				0.00
05/29-12/31/14	21	710		8,786.54			8,786.54	1				0.00
05/29-12/31/14	21	730		2,224.08			2,224.08	1				0.00
05/29-12/31/14	21	740		5,039.67			5,039.67	1				0.00
05/29-12/31/14	21	750		2,112.54			2,112.54	1				0.00
05/29-12/31/14	21	761		73.69			73.69	1				0.00
05/29-12/31/14	21	921		1,964.68			1,964.68	1				0.00
<b>TOTALS</b>				85,339.28			85,339.28					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This claim is a result of a correction of a previously submitted claim. (J51)

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

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UBF-AETNA 000320

CONFIDENTIAL



P.O. BOX 961106  
EL PASO TX 79998-1106  
USA

Mailing Address:  
HOBOKEN UNIVERSITY MEDICAL CENTER  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
12/27-12/31/14	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This claim is a result of a correction of a previously submitted claim. [J51]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P2Y0MH9KZ41 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

Group Name: UNITED BENEFIT FUND

Product: Aetna Choice® POS II

Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-11-151 I P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/01-01/05/15	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This claim is a result of a correction of a previously submitted claim. [J51]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P2Y0MH9KZ40 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

Group Name: UNITED BENEFIT FUND

Product: Aetna Choice® POS II

Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-11-151 I P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/06-01/10/15	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This claim is a result of a correction of a previously submitted claim. [J51]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

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P.O. BOX 981106  
EL PASO TX 79998-1106  
USA

Mailing Address:  
HOBOKEN UNIVERSITY MEDICAL CENTER  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0008420275  
TIN: XXXXXXXX7328  
NO PAY

**Patient Name:** [REDACTED] (self)

Claim ID: P2Y0MH9KZ39 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/11-01/15/15	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This claim is a result of a correction of a previously submitted claim. [J51]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P2Y0MH9KZ38 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/16-01/20/15	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This claim is a result of a correction of a previously submitted claim. [J51]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P2Y0MH9KZ37 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/31-02/04/15	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This claim is a result of a correction of a previously submitted claim. [J51]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

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UBF-AETNA 000322

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P.O. BOX 981106  
EL PASO TX 79998-1106  
USA

Mailing Address:  
HOBOKEN UNIVERSITY MEDICAL CENTER  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

Printed: 09/02/2015  
Page: 17 of 19

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

Claim ID: P2Y0MH9KZ36 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/26-01/30/15	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

### Remarks:

1 - This claim is a result of a correction of a previously submitted claim. [J51]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P2Y0MH9KZ35 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/21-01/25/15	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

### Remarks:

1 - This claim is a result of a correction of a previously submitted claim. [J51]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P2Y0MH9KZ34 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
02/05-02/09/15	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

### Remarks:

1 - This claim is a result of a correction of a previously submitted claim. [J51]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Continued on Next Page

UBF-AETNA 000323

CONFIDENTIAL



P.O. BOX 981106  
EL PASO TX 79998-1106  
USA

Mailing Address:  
HOBOKEN UNIVERSITY MEDICAL CENTER  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

Printed: 09/02/2015  
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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0008420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

Claim ID: P2Y0MH9KZ33 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
02/10-02/14/15	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

Remarks:

1 - This claim is a result of a correction of a previously submitted claim. [J51]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P2Y0MH9KZ32 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
02/15-02/19/15	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

Remarks:

1 - This claim is a result of a correction of a previously submitted claim. [J51]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P2Y0MH9KZ31 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
02/20-02/24/15	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

Remarks:

1 - This claim is a result of a correction of a previously submitted claim. [J51]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Continued on Next Page

UBF-AETNA 000324

CONFIDENTIAL



P.O. BOX 981106  
EL PASO TX 79998-1106  
USA

Mailing Address:  
HOBOKEN UNIVERSITY MEDICAL CENTER  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

Printed: 09/02/2015  
Page: 19 of 19

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

**Patient Name:** [REDACTED] (self)

Claim ID: P2Y0MH9KZ30 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
02/25-03/01/15	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This claim is a result of a correction of a previously submitted claim. [J51]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P2Y0MH9KZ29 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
03/02-03/08/15	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This claim is a result of a correction of a previously submitted claim. [J51]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

For Questions Regarding This Claim  
P.O. BOX 981106 EL PASO, TX 79998-1106

**CALL (888) 632-3862 FOR ASSISTANCE**

Note: All inquiries should reference the ID number above for prompt response.

Total Patient Responsibility: \$0.00

Claim Payment: \$0.00

Protecting the privacy of member health information is a top priority. When contacting us about this statement or for help with other questions, please be prepared to provide your provider number, tax identification number (TIN), or Social Security number (SSN), in addition to the member's ID number.



P.O. BOX 981106  
EL PASO TX 79998-1106  
USA

Payment Address:  
HUMC OPCO, LLC  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

Printed: 08/05/2015  
Page: 20 of 31

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
Trace Number: 815217520000476  
Trace Amount: \$12,907.18

Patient Name: [REDACTED] (self)

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/01-04/14/15	21	258		800.86			800.86	1			800.86	0.00
<b>TOTALS</b>				69,002.26			64,635.82				64,635.82	4,366.44

ISSUED AMT: \$4,366.44

**Remarks:**

- 1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]  
2 - This is a fair payment for services covered by the plan. No balance billing allowed. [O52]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN19 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

Group Name: UNITED BENEFIT FUND

Product: Aetna Choice® POS II

Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81

Group Number: 0863860-10-151 | P1\$ME0

Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
09/30/14	21	202		18,000.00			18,000.00	1			18,000.00	0.00
10/01-10/04/14	21	202		72,000.00			72,000.00	1			72,000.00	0.00
<b>TOTALS</b>				90,000.00			90,000.00				90,000.00	0.00

ISSUED AMT: NO PAY

**Remarks:**

- 1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN18 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

Group Name: UNITED BENEFIT FUND

Product: Aetna Choice® POS II

Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81

Group Number: 0863860-10-151 | P1\$ME0

Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
09/25-09/29/14	21	202		90,000.00			90,000.00	1			90,000.00	0.00
<b>TOTALS</b>				90,000.00			90,000.00				90,000.00	0.00

ISSUED AMT: NO PAY

**Remarks:**

- 1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Continued on Next Page

UBF-AETNA 000326

CONFIDENTIAL



P.O. BOX 981106  
EL PASO TX 79998-1106  
USA

Payment Address:  
HUMC OPO, LLC  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

Printed: 08/05/2015  
Page: 21 of 31

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
Trace Number: 815217520000476  
Trace Amount: \$12,907.18

**Patient Name:** [REDACTED] (self)

Claim ID: P3TWL8HKN17 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
09/20/14	21	206		18,000.00			18,000.00	1			18,000.00	0.00
09/21-09/24/14	21	202		72,000.00			72,000.00	1			72,000.00	0.00
<b>TOTALS</b>				90,000.00			90,000.00				90,000.00	0.00

ISSUED AMT: NO PAY

**Remarks:**

- 1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN16 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
09/15-09/19/14	21	206		90,000.00			90,000.00	1			90,000.00	0.00
<b>TOTALS</b>				90,000.00			90,000.00				90,000.00	0.00

ISSUED AMT: NO PAY

**Remarks:**

- 1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN15 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
09/10-09/14/14	21	206		90,000.00			90,000.00	1			90,000.00	0.00
<b>TOTALS</b>				90,000.00			90,000.00				90,000.00	0.00

ISSUED AMT: NO PAY

**Remarks:**

- 1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]

Continued on Next Page



P.O. BOX 981106  
EL PASO TX 79898-1106  
USA

Payment Address:  
HUMC OPGO, LLC  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

### Explanation Of Benefits

Please Retain for Future Reference

Printed: 08/05/2015  
Page: 22 of 31

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0008420275  
TIN: XXXXXXXX7328  
Trace Number: 815217520000476  
Trace Amount: \$12,907.18

Patient Name: [REDACTED] (self)

Remarks (contd):

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN14 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
09/05-09/09/14	21	206		90,000.00			90,000.00	1			90,000.00	0.00
<b>TOTALS</b>				90,000.00			90,000.00				90,000.00	0.00

ISSUED AMT:

NO PAY

Remarks:

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. (J68)

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN13 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
08/30-08/31/14	21	206		22,000.00			22,000.00	1			22,000.00	0.00
09/01-09/04/14	21	206		72,000.00			72,000.00	1			72,000.00	0.00
<b>TOTALS</b>				94,000.00			94,000.00				94,000.00	0.00

ISSUED AMT:

NO PAY

Remarks:

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. (J68)

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN12 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
08/22-08/26/14	21	206		55,000.00			55,000.00	1			55,000.00	0.00
08/27-08/29/14	21	206		33,000.00			33,000.00	1			33,000.00	0.00
<b>TOTALS</b>				88,000.00			88,000.00				88,000.00	0.00

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UBF-AETNA 000328

CONFIDENTIAL



P.O. BOX 981106  
EL PASO TX 79998-1106  
USA

Payment Address:  
HUMC DPCO, LLC  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

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Page: 23 of 31

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
Trace Number: 815217520000476  
Trace Amount: \$12,907.18

Patient Name: [REDACTED] (self)

ISSUED AMT: NO PAY

### Remarks:

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN11 Recd: 08/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
08/14-08/21/14	21	206		88,000.00			88,000.00	1			88,000.00	0.00
<b>TOTALS</b>				88,000.00			88,000.00				88,000.00	0.00

ISSUED AMT: NO PAY

### Remarks:

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN10 Recd: 08/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
08/06-08/13/14	21	206		88,000.00			88,000.00	1			88,000.00	0.00
<b>TOTALS</b>				88,000.00			88,000.00				88,000.00	0.00

ISSUED AMT: NO PAY

### Remarks:

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN09 Recd: 08/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

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UBF-AETNA 000329

CONFIDENTIAL



P.O. BOX 981106  
EL PASO TX 79998-1106  
USA

Payment Address:  
HUMC OPCO, LLC  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

### Explanation Of Benefits

Please Retain for Future Reference

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Page: 24 of 31

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXX7328  
Trace Number: 815217520000476  
Trace Amount: \$12,907.18

Patient Name: [REDACTED] (self)

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
07/29-08/05/14	21	206		88,000.00			88,000.00	1			88,000.00	0.00
<b>TOTALS</b>				88,000.00			88,000.00				88,000.00	0.00

ISSUED AMT: NO PAY

Remarks:

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN08 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

Group Name: UNITED BENEFIT FUND

Product: Aetna Choice® POS II

Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 I P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
07/21-07/28/14	21	206		88,000.00			88,000.00	1			88,000.00	0.00
<b>TOTALS</b>				88,000.00			88,000.00				88,000.00	0.00

ISSUED AMT: NO PAY

Remarks:

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN07 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

Group Name: UNITED BENEFIT FUND

Product: Aetna Choice® POS II

Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 I P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
07/13-07/20/14	21	206		88,000.00			88,000.00	1			88,000.00	0.00
<b>TOTALS</b>				88,000.00			88,000.00				88,000.00	0.00

ISSUED AMT: NO PAY

Remarks:

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Continued on Next Page

UBF-AETNA 000330

CONFIDENTIAL



P.O. BOX 981106  
EL PASO TX 79998-1106  
USA

Payment Address:  
HUMC OPCO, LLC  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
Trace Number: 815217520000476  
Trace Amount: \$12,907.18

Patient Name: [REDACTED] (self)

Claim ID: P3TWL8HKN06 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	255		3.09			3.09	1			3.09	0.00
07/01-07/08/14	21	208		88,000.00			88,000.00	1			88,000.00	0.00
<b>TOTALS</b>				88,003.09			88,003.09				88,003.09	0.00

ISSUED AMT: NO PAY

### Remarks:

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN05 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
06/28-06/30/14	21	202		42,000.00			42,000.00	1			42,000.00	0.00
07/09/14	21	202		14,000.00			14,000.00	1			14,000.00	0.00
07/10-07/12/14	21	202		42,000.00			42,000.00	1			42,000.00	0.00
<b>TOTALS</b>				98,000.00			98,000.00				98,000.00	0.00

ISSUED AMT: NO PAY

### Remarks:

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN04 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	258		1,671.02			1,671.02	1			1,671.02	0.00
06/22-06/27/14	21	202		84,000.00			84,000.00	1			84,000.00	0.00
<b>TOTALS</b>				85,671.02			85,671.02				85,671.02	0.00

Continued on Next Page

UBF-AETNA 000331

CONFIDENTIAL



P.O. BOX 981106  
EL PASO TX 79998-1106  
USA

Payment Address:  
HUMC OPCO, LLC  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
Trace Number: 815217520000476  
Trace Amount: \$12,907.18

Patient Name: [REDACTED] (self)

ISSUED AMT: NO PAY

Remarks:

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN03 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 | P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	251		1,679.41			1,679.41	1			1,679.41	0.00
06/16-06/21/14	21	202		84,000.00			84,000.00	1			84,000.00	0.00
<b>TOTALS</b>				85,679.41			85,679.41				85,679.41	0.00

ISSUED AMT: NO PAY

Remarks:

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN02 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 | P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
06/10-06/15/14	21	202		84,000.00			84,000.00	1			84,000.00	0.00
<b>TOTALS</b>				84,000.00			84,000.00				84,000.00	0.00

ISSUED AMT: NO PAY

Remarks:

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN01 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 | P1\$ME0  
Network ID: 00000

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UBF-AETNA 000332

CONFIDENTIAL



P.O. BOX 981106  
EL PASO TX 79998-1106  
USA

Payment Address:  
HUMC OPCO, LLC  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
Trace Number: 815217520000476  
Trace Amount: \$12,907.18

Patient Name: [REDACTED] (self)

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
06/04-06/09/14	21	202		84,000.00			84,000.00	1			84,000.00	0.00
<b>TOTALS</b>				84,000.00			84,000.00				84,000.00	0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN00 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 | P1\$MEO  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-06/03/14	21	202	6.0	84,000.00	4,270.37							4,270.37
<b>TOTALS</b>				84,000.00	4,270.37							4,270.37

ISSUED AMT: \$4,270.37

**Remarks:**

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P2Y0MH9KZ20 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-11-151 | P1\$MEO  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
04/10-04/12/15	21	206		54,000.00			54,000.00	1			54,000.00	0.00
<b>TOTALS</b>				54,000.00			54,000.00				54,000.00	0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Continued on Next Page

UBF-AETNA 000333

CONFIDENTIAL



P.O. BOX 981106  
EL PASO TX 79998-1106  
USA

Payment Address:  
HUMC OPCO, LLC  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

Printed: 08/05/2015  
Page: 7 of 31

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
Trace Number: 815217520000476  
Trace Amount: \$12,907.18

Patient Name: [REDACTED] (self)

ISSUED AMT: \$4,270.37

**Remarks:**

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN38 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
12/27-12/31/14	21	206		90,000.00			90,000.00	1			90,000.00	0.00
<b>TOTALS</b>				90,000.00			90,000.00				90,000.00	0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN37 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
12/22-12/26/14	21	206		90,000.00			90,000.00	1			90,000.00	0.00
<b>TOTALS</b>				90,000.00			90,000.00				90,000.00	0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN36 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
12/17-12/21/14	21	206		90,000.00			90,000.00	1			90,000.00	0.00
<b>TOTALS</b>				90,000.00			90,000.00				90,000.00	0.00

Continued on Next Page

UBF-AETNA 000334

CONFIDENTIAL



P.O. BOX 981106  
EL PASO TX 79998-1106  
USA

Payment Address:  
HUMC OPCO, LLC  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

Printed: 08/05/2015  
Page: 8 of 31

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
Trace Number: 815217520000476  
Trace Amount: \$12,907.18

Patient Name: [REDACTED] (self)

ISSUED AMT: NO PAY

**Remarks:**

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN35 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
12/12-12/16/14	21	206		90,000.00			90,000.00	1			90,000.00	0.00
<b>TOTALS</b>				90,000.00			90,000.00				90,000.00	0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN34 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
12/07-12/11/14	21	206		90,000.00			90,000.00	1			90,000.00	0.00
<b>TOTALS</b>				90,000.00			90,000.00				90,000.00	0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN33 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

Continued on Next Page



P.O. BOX 981106  
EL PASO TX 79998-1106  
USA

Payment Address:  
HUMC OPCO, LLC  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

Printed: 08/05/2015  
Page: 9 of 31

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXX7328  
Trace Number: 815217520000476  
Trace Amount: \$12,907.18

Patient Name: [REDACTED] (self)

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
12/02-12/06/14	21	206		90,000.00			90,000.00	1			90,000.00	0.00
<b>TOTALS</b>				90,000.00			90,000.00				90,000.00	0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN32 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
11/27-12/01/14	21	206		90,000.00			90,000.00	1			90,000.00	0.00
<b>TOTALS</b>				90,000.00			90,000.00				90,000.00	0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN31 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
11/22-11/26/14	21	206		90,000.00			90,000.00	1			90,000.00	0.00
<b>TOTALS</b>				90,000.00			90,000.00				90,000.00	0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Continued on Next Page

UBF-AETNA 000336

CONFIDENTIAL



P.O. BOX 981106  
EL PASO TX 79998-1106  
USA

Payment Address:  
HUMC OPCO, LLC  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

Printed: 08/05/2015  
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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXX7328  
Trace Number: 815217520000476  
Trace Amount: \$12,907.18

**Patient Name:** [REDACTED] (self)

Claim ID: P3TWL8HKN30 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
11/18-11/19/14	21	202		40,000.00			40,000.00	1			40,000.00	0.00
11/20-11/21/14	21	206		36,000.00			36,000.00	1			36,000.00	0.00
<b>TOTALS</b>				76,000.00			76,000.00				76,000.00	0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN29 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
11/14-11/16/14	21	206		54,000.00			54,000.00	1			54,000.00	0.00
11/17/14	21	202		20,000.00			20,000.00	1			20,000.00	0.00
<b>TOTALS</b>				74,000.00			74,000.00				74,000.00	0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN28 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
11/09-11/13/14	21	206		90,000.00			90,000.00	1			90,000.00	0.00
<b>TOTALS</b>				90,000.00			90,000.00				90,000.00	0.00

ISSUED AMT: NO PAY

Continued on Next Page



P.O. BOX 961106  
EL PASO TX 79996-1106  
USA

Payment Address:  
HUMC OPCO, LLC  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

Printed: 08/05/2015  
Page: 11 of 31

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXX7328  
Trace Number: 815217520000476  
Trace Amount: \$12,907.18

Patient Name: [REDACTED] (self)

### Remarks:

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN27 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
11/04-11/08/14	21	206		90,000.00			90,000.00	1			90,000.00	0.00
<b>TOTALS</b>				90,000.00			90,000.00				90,000.00	0.00

ISSUED AMT:

NO PAY

### Remarks:

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN26 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
10/30-11/03/14	21	206		90,000.00			90,000.00	1			90,000.00	0.00
<b>TOTALS</b>				90,000.00			90,000.00				90,000.00	0.00

ISSUED AMT:

NO PAY

### Remarks:

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN25 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
10/25-10/27/14	21	202		60,000.00			60,000.00	1			60,000.00	0.00
10/28-10/29/14	21	206		18,000.00			18,000.00	1			18,000.00	0.00
<b>TOTALS</b>				78,000.00			78,000.00				78,000.00	0.00

Continued on Next Page

UBF-AETNA 000338

CONFIDENTIAL



P.O. BOX 981106  
EL PASO TX 79998-1106  
USA

Payment Address:  
HUMC OPCO, LLC  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

Printed: 08/05/2015  
Page: 12 of 31

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXX7328  
Trace Number: 815217520000476  
Trace Amount: \$12,907.18

Patient Name: [REDACTED] (self)

ISSUED AMT: NO PAY

**Remarks:**

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN24 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
10/21-10/24/14	21	202		80,000.00			80,000.00	1			80,000.00	0.00
<b>TOTALS</b>				80,000.00			80,000.00				80,000.00	0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN23 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
10/17-10/20/14	21	202		80,000.00			80,000.00	1			80,000.00	0.00
<b>TOTALS</b>				80,000.00			80,000.00				80,000.00	0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN22 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

Continued on Next Page

UBF-AETNA 000339

CONFIDENTIAL



P.O. BOX 981106  
EL PASO TX 79998-1106  
USA

Payment Address:  
HUMC OPCO, LLC  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

Printed: 08/05/2015  
Page: 13 of 31

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
Trace Number: 815217520000476  
Trace Amount: \$12,907.18

Patient Name: [REDACTED] (self)

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
10/13-10/16/14	21	202		80,000.00			80,000.00	1			80,000.00	0.00
<b>TOTALS</b>				80,000.00			80,000.00				80,000.00	0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN21 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
10/09-10/12/14	21	202		80,000.00			80,000.00	1			80,000.00	0.00
<b>TOTALS</b>				80,000.00			80,000.00				80,000.00	0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN20 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
10/05-10/07/14	21	202		54,000.00			54,000.00	1			54,000.00	0.00
10/08/14	21	202		20,000.00			20,000.00	1			20,000.00	0.00
<b>TOTALS</b>				74,000.00			74,000.00				74,000.00	0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Continued on Next Page

UBF-AETNA 000340

CONFIDENTIAL



P.O. BOX 981106  
EL PASO TX 79998-1106  
USA

Mailing Address:  
HOBOKEN UNIVERSITY MEDICAL CENTER  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

Printed: 09/02/2015  
Page: 11 of 19

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

Claim ID: P8Y0KSWMQ13 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	801		94,036.04			94,036.04	1				0.00
<b>TOTALS</b>				94,036.04			94,036.04					0.00

ISSUED AMT: NO PAY

Remarks:

1 - This claim is a result of a correction of a previously submitted claim. [J51]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN50 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	251		1,679.41			1,679.41	1				0.00
06/16-06/21/14	21	202		84,000.00			84,000.00	1				0.00
<b>TOTALS</b>				85,679.41			85,679.41					0.00

ISSUED AMT: NO PAY

Remarks:

1 - This claim is a result of a correction of a previously submitted claim. [J51]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN48 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
11/22-11/26/14	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

Remarks:

1 - This claim is a result of a correction of a previously submitted claim. [J51]

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UBF-AETNA 000341

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USA

Mailing Address:  
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PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

Printed: 09/02/2015  
Page: 12 of 19

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

**Patient Name:** [REDACTED] (self)

**Remarks (contd):**

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN47 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
11/27-12/01/14	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT:

NO PAY

**Remarks:**

1 - This claim is a result of a correction of a previously submitted claim. [J51]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN46 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
12/02-12/06/14	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT:

NO PAY

**Remarks:**

1 - This claim is a result of a correction of a previously submitted claim. [J51]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN45 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
12/07-12/11/14	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT:

NO PAY

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UBF-AETNA 000342

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EL PASO TX 79998-1106  
USA

Mailing Address:  
HOBOKEN UNIVERSITY MEDICAL CENTER  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

Printed: 09/02/2015  
Page: 13 of 19

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

### Remarks:

1 - This claim is a result of a correction of a previously submitted claim. [J51]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN44 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

Group Name: UNITED BENEFIT FUND

Product: Aetna Choice® POS II

Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81

Group Number: 0863860-10-151 I P1\$ME0

Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
12/12-12/16/14	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT:

NO PAY

### Remarks:

1 - This claim is a result of a correction of a previously submitted claim. [J51]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN43 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

Group Name: UNITED BENEFIT FUND

Product: Aetna Choice® POS II

Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81

Group Number: 0863860-10-151 I P1\$ME0

Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
11/18-11/19/14	21	202		40,000.00			40,000.00	1				0.00
11/20-11/21/14	21	206		36,000.00			36,000.00	1				0.00
<b>TOTALS</b>				76,000.00			76,000.00					0.00

ISSUED AMT:

NO PAY

### Remarks:

1 - This claim is a result of a correction of a previously submitted claim. [J51]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN42 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

Group Name: UNITED BENEFIT FUND

Product: Aetna Choice® POS II

Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81

Group Number: 0863860-10-151 I P1\$ME0

Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
11/14-11/16/14	21	206		54,000.00			54,000.00	1				0.00
11/17/14	21	202		20,000.00			20,000.00	1				0.00
<b>TOTALS</b>				74,000.00			74,000.00					0.00

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UBF-AETNA 000343

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EL PASO TX 79998-1106  
USA

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PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

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Page: 14 of 19

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXX732B  
NO PAY

Patient Name: [REDACTED] (self)

ISSUED AMT: NO PAY

**Remarks:**

- 1 - This claim is a result of a correction of a previously submitted claim. (J51)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN41 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 I P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
12/17-12/21/14	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

- 1 - This claim is a result of a correction of a previously submitted claim. (J51)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN40 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 I P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
12/22-12/26/14	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

- 1 - This claim is a result of a correction of a previously submitted claim. (J51)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN39 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF85250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 I P1\$ME0  
Network ID: 00000

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UBF-AETNA 000344

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USA

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PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

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Printed: 09/02/2015  
Page: 15 of 19

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
12/27-12/31/14	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This claim is a result of a correction of a previously submitted claim. (J51)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P2Y0MH9KZ41 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-11-151 | P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/01-01/05/15	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This claim is a result of a correction of a previously submitted claim. (J51)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P2Y0MH9KZ40 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-11-151 | P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/06-01/10/15	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This claim is a result of a correction of a previously submitted claim. (J51)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Continued on Next Page

UBF-AETNA 000345

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USA

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PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

Printed: 09/02/2015  
Page: 11 of 19

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

**Patient Name:** [REDACTED] (self)

Claim ID: P8Y0KSWMQ13 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 I P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	801		94,036.04			94,036.04	1				0.00
<b>TOTALS</b>				94,036.04			94,036.04					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This claim is a result of a correction of a previously submitted claim. (J51)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN50 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 I P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	251		1,679.41			1,679.41	1				0.00
06/16-06/21/14	21	202		84,000.00			84,000.00	1				0.00
<b>TOTALS</b>				85,679.41			85,679.41					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This claim is a result of a correction of a previously submitted claim. (J51)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN48 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 I P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
11/22-11/26/14	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This claim is a result of a correction of a previously submitted claim. (J51)

Continued on Next Page

UBF-AETNA 000346

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EL PASO TX 79998-1106  
USA

HOBOKEN UNIVERSITY MEDICAL CENTER  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

Printed: 09/03/2015  
Page: 1 of 10

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

### Notes:

Update your address, telephone number, e-mail address and/or NPI information by visiting our website.

**Patient Name:** [REDACTED] (self)

Claim ID: P3TWL8HKN77 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
11/09-11/13/14	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT:

NO PAY

### Remarks:

1 - This claim is a result of a correction of a previously submitted claim. (J51)

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN76 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
11/04-11/08/14	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT:

NO PAY

### Remarks:

1 - This claim is a result of a correction of a previously submitted claim. (J51)

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN51 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	258		1,671.02			1,671.02	1				0.00
06/22-06/27/14	21	202		84,000.00			84,000.00	1				0.00
<b>TOTALS</b>				85,671.02			85,671.02					0.00

Continued on Next Page

UBF-AETNA 000347

CONFIDENTIAL



P.O. BOX 981108  
EL PASO TX 79998-1108  
USA

Mailing Address:  
HOBOKEN UNIVERSITY MEDICAL CENTER  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

### Explanation Of Benefits

Please Retain for Future Reference

Printed: 09/03/2015  
Page: 2 of 10

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

ISSUED AMT: NO PAY

**Remarks:**

1 - This claim is a result of a correction of a previously submitted claim. [J51]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN75 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250  
Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 | P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
10/30-11/03/14	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This claim is a result of a correction of a previously submitted claim. [J51]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN74 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250  
Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 | P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
10/25-10/27/14	21	202		60,000.00			60,000.00	1				0.00
10/28-10/29/14	21	206		18,000.00			18,000.00	1				0.00
<b>TOTALS</b>				78,000.00			78,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This claim is a result of a correction of a previously submitted claim. [J51]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN73 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250  
Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 | P1\$ME0  
Network ID: 00000

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## Explanation Of Benefits

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
10/21-10/24/14	21	202		80,000.00			80,000.00	1				0.00
<b>TOTALS</b>				80,000.00			80,000.00					0.00

ISSUED AMT: NO PAY

Remarks:

1 - This claim is a result of a correction of a previously submitted claim. [J51]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN72 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250  
Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 I P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
10/17-10/20/14	21	202		80,000.00			80,000.00	1				0.00
<b>TOTALS</b>				80,000.00			80,000.00					0.00

ISSUED AMT: NO PAY

Remarks:

1 - This claim is a result of a correction of a previously submitted claim. [J51]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN55 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250  
Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 I P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
06/28-06/30/14	21	202		42,000.00			42,000.00	1				0.00
07/09/14	21	202		14,000.00			14,000.00	1				0.00
07/10-07/12/14	21	202		42,000.00			42,000.00	1				0.00
<b>TOTALS</b>				98,000.00			98,000.00					0.00

ISSUED AMT: NO PAY

Remarks:

1 - This claim is a result of a correction of a previously submitted claim. [J51]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

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### Explanation Of Benefits

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

Claim ID: P3TWL8HKN54 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I-P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
06/10-06/15/14	21	202		84,000.00			84,000.00	1				0.00
<b>TOTALS</b>				84,000.00			84,000.00					0.00

ISSUED AMT: NO PAY

Remarks:

1 - This claim is a result of a correction of a previously submitted claim. [J51]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN53 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I-P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
06/04-06/09/14	21	202		84,000.00			84,000.00	1				0.00
<b>TOTALS</b>				84,000.00			84,000.00					0.00

ISSUED AMT: NO PAY

Remarks:

1 - This claim is a result of a correction of a previously submitted claim. [J51]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN52 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I-P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	255		3.09			3.09	1				0.00
07/01-07/08/14	21	206		88,000.00			88,000.00	1				0.00
<b>TOTALS</b>				88,003.09			88,003.09					0.00

ISSUED AMT: NO PAY

Remarks:

1 - This claim is a result of a correction of a previously submitted claim. [J51]

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UBF-AETNA 000350

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## Explanation Of Benefits

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXX7328  
NO PAY

**Patient Name:** [REDACTED] (self)

**Remarks (contd):**

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN71 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
10/13-10/16/14	21	202		80,000.00			80,000.00	1				0.00
<b>TOTALS</b>				80,000.00			80,000.00					0.00

ISSUED AMT:

NO PAY

**Remarks:**

1 - This claim is a result of a correction of a previously submitted claim. [J51]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN70 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
10/09-10/12/14	21	202		80,000.00			80,000.00	1				0.00
<b>TOTALS</b>				80,000.00			80,000.00					0.00

ISSUED AMT:

NO PAY

**Remarks:**

1 - This claim is a result of a correction of a previously submitted claim. [J51]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN69 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
10/05-10/07/14	21	202		54,000.00			54,000.00	1				0.00
10/08/14	21	202		20,000.00			20,000.00	1				0.00
<b>TOTALS</b>				74,000.00			74,000.00					0.00

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UBF-AETNA 000351

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXX7329  
NO PAY

Patient Name: [REDACTED] (self)

ISSUED AMT: NO PAY

**Remarks:**

- 1 - This claim is a result of a correction of a previously submitted claim. [J51]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN68 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
09/30/14	21	202		18,000.00			18,000.00	1				0.00
10/01-10/04/14	21	202		72,000.00			72,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

- 1 - This claim is a result of a correction of a previously submitted claim. [J51]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN67 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
09/25-09/29/14	21	202		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

- 1 - This claim is a result of a correction of a previously submitted claim. [J51]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN66 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
09/20/14	21	206		18,000.00			18,000.00	1				0.00

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UBF-AETNA 000352

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## Explanation Of Benefits

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
09/21-09/24/14	21	202		72,000.00			72,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

- 1 - This claim is a result of a correction of a previously submitted claim. (J51)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN65 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0883860-10-151 | P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
09/15-09/19/14	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

- 1 - This claim is a result of a correction of a previously submitted claim. (J51)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN64 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 | P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
09/10-09/14/14	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

- 1 - This claim is a result of a correction of a previously submitted claim. (J51)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

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## Explanation Of Benefits

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

Claim ID: P3TWL8HKN63 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
09/05-09/09/14	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

### Remarks:

1 - This claim is a result of a correction of a previously submitted claim. [J51]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN62 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
08/30-08/31/14	21	206		22,000.00			22,000.00	1				0.00
09/01-09/04/14	21	206		72,000.00			72,000.00	1				0.00
<b>TOTALS</b>				94,000.00			94,000.00					0.00

ISSUED AMT: NO PAY

### Remarks:

1 - This claim is a result of a correction of a previously submitted claim. [J51]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN61 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
08/22-08/26/14	21	206		55,000.00			55,000.00	1				0.00
08/27-08/29/14	21	206		33,000.00			33,000.00	1				0.00
<b>TOTALS</b>				88,000.00			88,000.00					0.00

ISSUED AMT: NO PAY

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## Explanation Of Benefits

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

**Patient Name:** [REDACTED] (self)

**Remarks:**

1 - This claim is a result of a correction of a previously submitted claim. [J51]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN60 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
08/14-08/21/14	21	208		88,000.00			88,000.00	1				0.00
<b>TOTALS</b>				88,000.00			88,000.00					0.00

ISSUED AMT:

NO PAY

**Remarks:**

1 - This claim is a result of a correction of a previously submitted claim. [J51]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN59 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
08/06-08/13/14	21	206		88,000.00			88,000.00	1				0.00
<b>TOTALS</b>				88,000.00			88,000.00					0.00

ISSUED AMT:

NO PAY

**Remarks:**

1 - This claim is a result of a correction of a previously submitted claim. [J51]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN58 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
07/29-08/05/14	21	206		88,000.00			88,000.00	1				0.00
<b>TOTALS</b>				88,000.00			88,000.00					0.00

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Mailing Address:  
HOBOKEN UNIVERSITY MEDICAL CENTER  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

Printed: 09/03/2015  
Page: 10 of 10

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

ISSUED AMT: NO PAY

**Remarks:**

1 - This claim is a result of a correction of a previously submitted claim. (J51)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN57 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
07/21-07/28/14	21	206		88,000.00			88,000.00	1				0.00
<b>TOTALS</b>				88,000.00			88,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This claim is a result of a correction of a previously submitted claim. (J51)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN56 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
07/13-07/20/14	21	206		88,000.00			88,000.00	1				0.00
<b>TOTALS</b>				88,000.00			88,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This claim is a result of a correction of a previously submitted claim. (J51)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

For Questions Regarding This Claim  
P.O. BOX 981106 EL PASO, TX 79998-1106  
**CALL (888) 632-3862 FOR ASSISTANCE**

Note: All inquiries should reference the ID number above for prompt response.

Total Patient Responsibility: \$0.00

Claim Payment: \$0.00

Protecting the privacy of member health information is a top priority. When contacting us about this statement or for help with other questions, please be prepared to provide your provider number, tax identification number (TIN), or Social Security number (SSN), in addition to the member's ID number.



P.O. BOX 981106  
EL PASO TX 79998-1106  
USA

Payment Address:  
HUMC OPCO, LLC  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

Provider Address:  
HOBOKEN UNIVERSITY MEDICAL CENTER  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

Printed: 08/05/2015  
Page: 2 of 31

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
Trace Number: 815217520000476  
Trace Amount: \$12,907.18

### Notes:

Update your address, telephone number, e-mail address and/or NPI information by visiting our website.

**Patient Name:** (self)

Claim ID: P8Y0KSWMQ12 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	801		94,036.04			94,036.04	1			94,036.04	0.00
<b>TOTALS</b>				94,036.04			94,036.04				94,036.04	0.00

ISSUED AMT:

NO PAY

### Remarks:

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P8Y0KSWMQ11 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	636		65,271.24			65,271.24	1			65,271.24	0.00
<b>TOTALS</b>				65,271.24			65,271.24				65,271.24	0.00

ISSUED AMT:

NO PAY

### Remarks:

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P8Y0KSWMQ10 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	636		65,271.24			65,271.24	1			65,271.24	0.00
<b>TOTALS</b>				65,271.24			65,271.24				65,271.24	0.00

ISSUED AMT:

NO PAY

### Remarks:

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]

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P.O. BOX 981106  
EL PASO TX 79998-1106  
USA

Payment Address:  
HUMC OPCO, LLC  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

Printed: 08/05/2015  
Page: 3 of 31

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
Trace Number: 815217520000476  
Trace Amount: \$12,907.18

Patient Name: [REDACTED] (self)

Remarks (contd):

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P8Y0KSWMQ09 Recd: 08/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	460		63,714.85			63,714.85	1			63,714.85	0.00
<b>TOTALS</b>				63,714.85			63,714.85				63,714.85	0.00

ISSUED AMT:

NO PAY

Remarks:

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P8Y0KSWMQ08 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	410		86,527.86			86,527.86	1			86,527.86	0.00
<b>TOTALS</b>				86,527.86			86,527.86				86,527.86	0.00

ISSUED AMT:

NO PAY

Remarks:

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P8Y0KSWMQ07 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	410		86,527.86			86,527.86	1			86,527.86	0.00
<b>TOTALS</b>				86,527.86			86,527.86				86,527.86	0.00

ISSUED AMT:

NO PAY

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P.O. BOX 981106  
EL PASO TX 79998-1106  
USA

Payment Address:  
HUMC OPCO, LLC  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXX7328  
Trace Number: 815217520000476  
Trace Amount: \$12,907.18

Patient Name: [REDACTED] (self)

### Remarks:

- 1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P8Y0KSWMQ06 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	410		86,527.86			86,527.86	1			86,527.86	0.00
<b>TOTALS</b>				86,527.86			86,527.86				86,527.86	0.00

ISSUED AMT:

NO PAY

### Remarks:

- 1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P8Y0KSWMQ05 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	361		14,127.48			14,127.48	1			14,127.48	0.00
05/29-12/31/14	21	370		13,641.19			13,641.19	1			13,641.19	0.00
05/29-12/31/14	21	390		6,365.60			6,365.60	1			6,365.60	0.00
05/29-12/31/14	21	391		8,384.91			8,384.91	1			8,384.91	0.00
05/29-12/31/14	21	402		4,582.15			4,582.15	1			4,582.15	0.00
05/29/14	21	450		15,605.40			15,605.40	1			15,605.40	0.00
05/29-12/31/14	21	483		2,431.35			2,431.35	2				0.00
05/29-12/31/14	21	710		8,786.54			8,786.54	2				0.00
05/29-12/31/14	21	730		2,224.08			2,224.08	2				0.00
05/29-12/31/14	21	740		5,039.67			5,039.67	2				0.00
05/29-12/31/14	21	750		2,112.54			2,112.54	2				0.00
05/29-12/31/14	21	761		73.69			73.69	2				0.00
05/29-12/31/14	21	921		1,964.68			1,964.68	2				0.00
<b>TOTALS</b>				85,339.28			85,339.28				62,706.73	0.00

ISSUED AMT:

NO PAY

### Remarks:

- 1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]  
2 - This is a duplicate claim that has already been considered for payment. 114

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UBF-AETNA 000359

CONFIDENTIAL



P.O. BOX 981106  
EL PASO TX 79998-1106  
USA

Payment Address:  
HUMC OPOCO, LLC  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

Printed: 08/05/2015  
Page: 5 of 31

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXX7328  
Trace Number: 815217520000476  
Trace Amount: \$12,907.18

Patient Name: [REDACTED] (self)

Remarks (contd):

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P8Y0KSWMQ04 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	301		58,696.78			58,696.78	1			58,696.78	0.00
05/29-12/31/14	21	351		6,265.28			6,265.28	1			6,265.28	0.00
05/29-12/31/14	21	352		4,252.07			4,252.07	1			4,252.07	0.00
05/29-12/31/14	21	360		22,454.16			22,454.16	1			22,454.16	0.00
<b>TOTALS</b>				91,668.29			91,668.29				91,668.29	0.00

ISSUED AMT: NO PAY

Remarks:

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P8Y0KSWMQ03 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	301		58,696.79			58,696.79	1			58,696.79	0.00
05/29-12/31/14	21	324		23,797.52			23,797.52	1			23,797.52	0.00
<b>TOTALS</b>				82,494.31			82,494.31				82,494.31	0.00

ISSUED AMT: NO PAY

Remarks:

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P8Y0KSWMQ02 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	270		4,548.51			4,548.51	1			4,548.51	0.00
05/29-12/31/14	21	271		0.36			0.36	1			0.36	0.00

Continued on Next Page



P.O. BOX 981106  
EL PASO TX 79998-1106  
USA

Payment Address:  
HUMC OPCO, LLC  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

Printed: 08/05/2015  
Page: 6 of 31

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXX7328  
Trace Number: 815217520000476  
Trace Amount: \$12,907.18

Patient Name: [REDACTED] (self)

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	272		15,968.12			15,968.12	1			15,968.12	0.00
05/29-12/31/14	21	278		5,513.98			5,513.98	1			5,513.98	0.00
05/29-12/31/14	21	300		11,636.53			11,636.53	1			11,636.53	0.00
05/29-12/31/14	21	302		4,657.35			4,657.35	1			4,657.35	0.00
05/29-12/31/14	21	305		1,145.17			1,145.17	2				0.00
05/29-12/31/14	21	306		729.76			729.76	2				0.00
05/29-12/31/14	21	307		1,029.33			1,029.33	2				0.00
05/29-12/31/14	21	309		22,190.75			22,190.75	2				0.00
05/29-12/31/14	21	310		1,232.37			1,232.37	2				0.00
05/29-12/31/14	21	320		15,715.67			15,715.67	2				0.00
<b>TOTALS</b>				<b>84,367.88</b>			<b>84,367.88</b>				<b>42,324.83</b>	<b>0.00</b>

ISSUED AMT: NO PAY

Remarks:

- 1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]
- 2 - This is a duplicate claim that has already been considered for payment. 114  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P8Y0KSWMQ01 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

Group Name: UNITED BENEFIT FUND

Product: Aetna Choice® POS II

Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81

Group Number: 0863860-10-151 I P1\$ME0

Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/28-12/31/14	21	252		47,145.79			47,145.79	1			47,145.79	0.00
05/29-12/31/14	21	260		32,666.60			32,666.60	1			32,666.60	0.00
<b>TOTALS</b>				<b>79,812.39</b>			<b>79,812.39</b>				<b>79,812.39</b>	<b>0.00</b>

ISSUED AMT: NO PAY

Remarks:

- 1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P8Y0KSWMQ00 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

Group Name: UNITED BENEFIT FUND

Product: Aetna Choice® POS II

Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81

Group Number: 0863860-10-151 I P1\$ME0

Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	250	999.0	93,476.56	4,270.37							4,270.37
<b>TOTALS</b>				<b>93,476.56</b>	<b>4,270.37</b>							<b>4,270.37</b>

Continued on Next Page



P.O. BOX 981106  
EL PASO TX 79998-1106  
USA

Payment Address:  
HUMC OPCO, LLC  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

Printed: 08/05/2015  
Page: 7 of 31

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
Trace Number: 815217520000478  
Trace Amount: \$12,907.18

Patient Name: [REDACTED] (self)

ISSUED AMT: \$4,270.37

**Remarks:**

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN38 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
12/27-12/31/14	21	206		90,000.00			90,000.00	1			90,000.00	0.00
<b>TOTALS</b>				90,000.00			90,000.00				90,000.00	0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN37 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
12/22-12/26/14	21	206		90,000.00			90,000.00	1			90,000.00	0.00
<b>TOTALS</b>				90,000.00			90,000.00				90,000.00	0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN36 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
12/17-12/21/14	21	206		90,000.00			90,000.00	1			90,000.00	0.00
<b>TOTALS</b>				90,000.00			90,000.00				90,000.00	0.00

Continued on Next Page



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## Explanation Of Benefits

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Page: 8 of 19

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: (self)

Claim ID: P2Y0MH9KZ21 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member:

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
04/10-04/12/15	21	206		54,000.00			54,000.00	1				0.00
<b>TOTALS</b>				54,000.00			54,000.00					0.00

ISSUED AMT: NO PAY

### Remarks:

1 - This claim is a result of a correction of a previously submitted claim. [J51]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P8Y0KSWMQ20 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member:

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	361		14,127.48			14,127.48	1				0.00
05/29-12/31/14	21	370		13,641.19			13,641.19	1				0.00
05/29-12/31/14	21	380		6,365.60			6,365.60	1				0.00
05/29-12/31/14	21	391		8,384.91			8,384.91	1				0.00
05/29-12/31/14	21	402		4,582.15			4,582.15	1				0.00
05/29/14	21	450		15,605.40			15,605.40	1				0.00
05/29-12/31/14	21	483		2,431.35			2,431.35	1				0.00
05/29-12/31/14	21	710		8,786.54			8,786.54	1				0.00
05/29-12/31/14	21	730		2,224.08			2,224.08	1				0.00
05/29-12/31/14	21	740		5,039.87			5,039.87	1				0.00
05/29-12/31/14	21	750		2,112.54			2,112.54	1				0.00
05/29-12/31/14	21	761		73.69			73.69	1				0.00
05/29-12/31/14	21	921		1,964.68			1,964.68	1				0.00
<b>TOTALS</b>				85,339.28			85,339.28					0.00

ISSUED AMT: NO PAY

### Remarks:

1 - This claim is a result of a correction of a previously submitted claim. [J51]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

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UBF-AETNA 000363

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PHILADELPHIA PA 19182-4491**Explanation Of Benefits**

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Printed: 09/02/2015  
Page: 9 of 19HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY**Patient Name:** [REDACTED] (self)

Claim ID: P8Y0KSWMQ19 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	410		86,527.86			86,527.86	1				0.00
<b>TOTALS</b>				86,527.86			86,527.86					0.00

ISSUED AMT:

NO PAY

**Remarks:**

1 - This claim is a result of a correction of a previously submitted claim. [J51]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P8Y0KSWMQ18 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	410		86,527.86			86,527.86	1				0.00
<b>TOTALS</b>				86,527.86			86,527.86					0.00

ISSUED AMT:

NO PAY

**Remarks:**

1 - This claim is a result of a correction of a previously submitted claim. [J51]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P8Y0KSWMQ17 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	410		86,527.86			86,527.86	1				0.00
<b>TOTALS</b>				86,527.86			86,527.86					0.00

ISSUED AMT:

NO PAY

**Remarks:**

1 - This claim is a result of a correction of a previously submitted claim. [J51]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Continued on Next Page

UBF-AETNA 000364

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## Explanation Of Benefits

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXX7326  
NO PAY

Patient Name: [REDACTED] (self)

Claim ID: P8Y0KSWMQ16 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 I P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	460		63,714.85			63,714.85	1				0.00
<b>TOTALS</b>				63,714.85			63,714.85					0.00

ISSUED AMT: NO PAY

Remarks:

- 1 - This claim is a result of a correction of a previously submitted claim. (J51)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P8Y0KSWMQ15 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 I P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	636		65,271.24			65,271.24	1				0.00
<b>TOTALS</b>				65,271.24			65,271.24					0.00

ISSUED AMT: NO PAY

Remarks:

- 1 - This claim is a result of a correction of a previously submitted claim. (J51)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P8Y0KSWMQ14 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 I P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	636		65,271.24			65,271.24	1				0.00
<b>TOTALS</b>				65,271.24			65,271.24					0.00

ISSUED AMT: NO PAY

Remarks:

- 1 - This claim is a result of a correction of a previously submitted claim. (J51)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Continued on Next Page



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## Explanation Of Benefits

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

Claim ID: P8Y0KSWM13 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 I P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	801		94,036.04			94,036.04	1				0.00
<b>TOTALS</b>				94,036.04			94,036.04					0.00

ISSUED AMT: NO PAY

Remarks:

1 - This claim is a result of a correction of a previously submitted claim. [J51]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN50 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 I P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	251		1,679.41			1,679.41	1				0.00
06/16-06/21/14	21	202		84,000.00			84,000.00	1				0.00
<b>TOTALS</b>				85,679.41			85,679.41					0.00

ISSUED AMT: NO PAY

Remarks:

1 - This claim is a result of a correction of a previously submitted claim. [J51]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN48 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 I P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
11/22-11/26/14	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

Remarks:

1 - This claim is a result of a correction of a previously submitted claim. [J51]

Continued on Next Page



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## Explanation Of Benefits

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Page: 1 of 19

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

### Notes:

Update your address, telephone number, e-mail address and/or NPI information by visiting our website.

**Patient Name:** [REDACTED] (self)

Claim ID: P8Y0KSWMQ24 Recd: 06/23/15 Member ID: W199689864 Patient Account: AAF65250

Member: [REDACTED]

Group Name: UNITED BENEFIT FUND

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 | P1\$ME0  
Network ID: 00000

Product: Aetna Choice® POS II

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	252		47,145.79			47,145.79	1				0.00
05/29-12/31/14	21	260		32,666.60			32,666.60	1				0.00
<b>TOTALS</b>				<b>79,812.39</b>			<b>79,812.39</b>					<b>0.00</b>

ISSUED AMT:

NO PAY

### Remarks:

1 - This claim is a result of a correction of a previously submitted claim. [J51]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P8Y0KSWMQ23 Recd: 06/23/15 Member ID: W199689864 Patient Account: AAF65250

Member: [REDACTED]

Group Name: UNITED BENEFIT FUND

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 | P1\$ME0  
Network ID: 00000

Product: Aetna Choice® POS II

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	270		4,548.51			4,548.51	1				0.00
05/29-12/31/14	21	271		0.36			0.36	1				0.00
05/29-12/31/14	21	272		15,968.12			15,968.12	1				0.00
05/29-12/31/14	21	278		5,513.96			5,513.96	1				0.00
05/29-12/31/14	21	300		11,636.53			11,636.53	1				0.00
05/29-12/31/14	21	302		4,657.35			4,657.35	1				0.00
05/29-12/31/14	21	305		1,145.17			1,145.17	1				0.00
05/29-12/31/14	21	306		729.76			729.76	1				0.00
05/29-12/31/14	21	307		1,029.33			1,029.33	1				0.00
05/29-12/31/14	21	309		22,190.75			22,190.75	1				0.00
05/29-12/31/14	21	310		1,232.37			1,232.37	1				0.00
05/29-12/31/14	21	320		15,715.67			15,715.67	1				0.00
<b>TOTALS</b>				<b>84,367.88</b>			<b>84,367.88</b>					<b>0.00</b>

ISSUED AMT:

NO PAY

### Remarks:

1 - This claim is a result of a correction of a previously submitted claim. [J51]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

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UBF-AETNA 000367

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## Explanation Of Benefits

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

Claim ID: P8Y0KSWMQ22 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	301		58,696.79			58,696.79	1				0.00
05/29-12/31/14	21	324		23,797.52			23,797.52	1				0.00
<b>TOTALS</b>				82,494.31			82,494.31					0.00

ISSUED AMT: NO PAY

### Remarks:

1 - This claim is a result of a correction of a previously submitted claim. [J51]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P8Y0KSWMQ21 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	301		58,696.78			58,696.78	1				0.00
05/29-12/31/14	21	351		6,265.28			6,265.28	1				0.00
05/29-12/31/14	21	352		4,252.07			4,252.07	1				0.00
05/29-12/31/14	21	360		22,454.16			22,454.16	1				0.00
<b>TOTALS</b>				91,668.29			91,668.29					0.00

ISSUED AMT: NO PAY

### Remarks:

1 - This claim is a result of a correction of a previously submitted claim. [J51]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PK35LG5K508 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/01-04/14/15	21	710		4,211.06			4,211.06	1				0.00
01/01-04/14/15	21	730		1,065.92			1,065.92	1				0.00
01/01-04/14/15	21	740		2,415.33			2,415.33	1				0.00
01/01-04/14/15	21	750		1,012.46			1,012.46	1				0.00
01/01-04/14/15	21	761		35.31			35.31	1				0.00

Continued on Next Page



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USA

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## Explanation Of Benefits

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Printed: 05/29/2015  
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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXX7328  
NO PAY

**Patient Name:** [REDACTED] (self)

Claim ID: P902LM7F505 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/26-01/30/15	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - Claim/service lacks information which is needed for adjudication. [J20]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P902LM7F504 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/21-01/25/15	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - Claim/service lacks information which is needed for adjudication. [J20]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P902LM7F503 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/16-01/20/15	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - Claim/service lacks information which is needed for adjudication. [J20]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

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P.O. BOX 981106  
EL PASO TX 79998-1106  
USA

Mailing Address:  
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PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

Claim ID: P902LM7F502 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/11-01/15/15	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

Remarks:

1 - Claim/service lacks information which is needed for adjudication. [J20]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P902LM7F501 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/06-01/10/15	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

Remarks:

1 - Claim/service lacks information which is needed for adjudication. [J20]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P902LM7F500 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/01-01/05/15	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

Remarks:

1 - Claim/service lacks information which is needed for adjudication. [J20]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

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## Explanation Of Benefits

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HOBOKEN UNIVERSITY MEDICAL CENTER  
FIN: 0006420275  
TIN: XXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

Claim ID: P902LM7F508 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-11-151 I P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
02/10-02/14/15	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

Remarks:

- 1 - Claim/service lacks information which is needed for adjudication. [J20]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P902LM7F507 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-11-151 I P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
02/05-02/09/15	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

Remarks:

- 1 - Claim/service lacks information which is needed for adjudication. [J20]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P902LM7F506 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-11-151 I P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/31-02/04/15	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

Remarks:

- 1 - Claim/service lacks information which is needed for adjudication. [J20]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

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## Explanation Of Benefits

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
02/26-03/01/15	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - Claim/service lacks information which is needed for adjudication. [J20]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P902LM7F510 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
02/20-02/24/15	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - Claim/service lacks information which is needed for adjudication. [J20]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P902LM7F509 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
02/15-02/19/15	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - Claim/service lacks information which is needed for adjudication. [J20]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

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UBF-AETNA 000372

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## Explanation Of Benefits

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

ISSUED AMT: NO PAY

### Remarks:

1 - Claim/service lacks information which is needed for adjudication. [J20]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PA35MFCMG00 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-06/03/14	21	202		84,000.00			84,000.00	1				0.00
<b>TOTALS</b>				84,000.00			84,000.00					0.00

ISSUED AMT: NO PAY

### Remarks:

1 - Claim/service lacks information which is needed for adjudication. [J20]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P902LM7F512 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
03/02-03/06/15	21	205		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

### Remarks:

1 - Claim/service lacks information which is needed for adjudication. [J20]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P902LM7F511 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

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USA

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## Explanation Of Benefits

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
02/25-03/01/15	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

Remarks:

- 1 - Claim/service lacks information which is needed for adjudication. [J20]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P902LM7F510 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-11-151 | P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
02/20-02/24/15	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

Remarks:

- 1 - Claim/service lacks information which is needed for adjudication. [J20]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P902LM7F509 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-11-151 | P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
02/15-02/19/15	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

Remarks:

- 1 - Claim/service lacks information which is needed for adjudication. [J20]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

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## Explanation Of Benefits

Please Retain for Future Reference

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

ISSUED AMT: NO PAY

### Remarks:

1 - Claim/service lacks information which is needed for adjudication. [J20]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P902LM7F517 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
03/26-03/30/15	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

### Remarks:

1 - Claim/service lacks information which is needed for adjudication. [J20]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P902LM7F516 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
03/21-03/25/15	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

### Remarks:

1 - Claim/service lacks information which is needed for adjudication. [J20]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P902LM7F515 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

Continued on Next Page



P.O. BOX 981106  
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## Explanation Of Benefits

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Printed: 05/29/2015  
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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
03/16-03/20/15	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - Claim/service lacks information which is needed for adjudication. [J20]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P902LM7F514 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
03/11-03/15/15	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - Claim/service lacks information which is needed for adjudication. [J20]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P902LM7F513 Recd: 05/04/15 Member ID: W199569864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
03/07-03/11/15	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - Claim/service lacks information which is needed for adjudication. [J20]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

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UBF-AETNA 000376

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## Explanation Of Benefits

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

ISSUED AMT: NO PAY

**Remarks:**

1 - Claim/service lacks information which is needed for adjudication. [J20]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PA35MFCMG00 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-06/03/14	21	202		84,000.00			84,000.00	1				0.00
<b>TOTALS</b>				84,000.00			84,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - Claim/service lacks information which is needed for adjudication. [J20]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P902LM7F512 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
03/02-03/06/15	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - Claim/service lacks information which is needed for adjudication. [J20]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P902LM7F511 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

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UBF-AETNA 000377

CONFIDENTIAL



P.O. BOX 981106  
EL PASO TX 79998-1106  
USA

HOBOKEN UNIVERSITY MEDICAL CENTER  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

Printed: 05/29/2015  
Page: 1 of 22

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0008420275  
TIN: XXXXXX7328  
NO PAY

### Notes:

Update your address, telephone number, e-mail address and/or NPI information by visiting our website.

**Patient Name:** (self)

Claim ID: P902LM7F520 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member:

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
04/10-04/12/15	21	206		54,000.00			54,000.00	1				0.00
<b>TOTALS</b>				54,000.00			54,000.00					0.00

ISSUED AMT:

NO PAY

### Remarks:

1 - Claim/service lacks information which is needed for adjudication. [J20]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P902LM7F519 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member:

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
04/05-04/09/15	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT:

NO PAY

### Remarks:

1 - Claim/service lacks information which is needed for adjudication. [J20]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P902LM7F518 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member:

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
03/31-04/04/15	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

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P.O. BOX 981106  
EL PASO TX 79998-1106  
USA

HOBOKEN UNIVERSITY MEDICAL CENTER  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

Printed: 07/09/2015  
Page: 1 of 2

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

### Notes:

Update your address, telephone number, e-mail address and/or NPI Information by visiting our website.

**Patient Name:** (self)

Claim ID: P902LM7F524 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member:

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/16-01/20/15	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

### Remarks:

1 - This claim is a result of a correction of a previously submitted claim. [J51]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P902LM7F523 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member:

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/11-01/15/15	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

### Remarks:

1 - This claim is a result of a correction of a previously submitted claim. [J51]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P902LM7F522 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member:

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/06-01/10/15	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

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P.O. BOX 981106  
EL PASO TX 79998-1106  
USA

Mailing Address:  
HOBOKEN UNIVERSITY MEDICAL CENTER  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

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Printed: 07/09/2015  
Page: 2 of 2

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

ISSUED AMT: NO PAY

### Remarks:

1 - This claim is a result of a correction of a previously submitted claim. (J51)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P902LM7F521 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-11-151 1 P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	CDPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/21-01/25/15	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

### Remarks:

1 - This claim is a result of a correction of a previously submitted claim. (J51)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

For Questions Regarding This Claim  
P.O. BOX 981106 EL PASO, TX 79998-1106  
**CALL (888) 632-3862 FOR ASSISTANCE**

Note: All inquiries should reference the ID number above for prompt response.

Total Patient Responsibility: \$0.00  
Claim Payment: \$0.00

Protecting the privacy of member health information is a top priority. When contacting us about this statement or for help with other questions, please be prepared to provide your provider number, tax identification number (TIN), or Social Security number (SSN), in addition to the member's ID number.



P.O. BOX 981108  
EL PASO TX 79998-1108  
USA

HOBOKEN UNIVERSITY MEDICAL CENTER  
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## Explanation Of Benefits

Please Retain for Future Reference

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Page: 1 of 10

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

### Notes:

Update your address, telephone number, e-mail address and/or NPI information by visiting our website.

**Patient Name:** (self)

Claim ID: P902LM7F541 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member:

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
04/10-04/12/15	21	206		54,000.00			54,000.00	1				0.00
<b>TOTALS</b>				54,000.00			54,000.00					0.00

ISSUED AMT: NO PAY

### Remarks:

1 - This claim is a result of a correction of a previously submitted claim. [J51]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P902LM7F540 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member:

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
04/05-04/09/15	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

### Remarks:

1 - This claim is a result of a correction of a previously submitted claim. [J51]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P902LM7F539 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member:

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
03/31-04/04/15	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

Continued on Next Page



P.O. BOX 981106  
EL PASO TX 79998-1106  
USA

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## Explanation Of Benefits

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Printed: 07/10/2015  
Page: 2 of 10

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

ISSUED AMT: NO PAY

### Remarks:

- 1 - This claim is a result of a correction of a previously submitted claim. [J51]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P902LM7F538 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-11-151 I P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
03/26-03/30/15	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

### Remarks:

- 1 - This claim is a result of a correction of a previously submitted claim. [J51]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P902LM7F537 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-11-151 I P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
03/21-03/25/15	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

### Remarks:

- 1 - This claim is a result of a correction of a previously submitted claim. [J51]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P902LM7F536 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: VICTOR LOPEZ  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-11-151 I P1\$ME0  
Network ID: 00000

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P.O. BOX 981106  
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USA

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## Explanation Of Benefits

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Printed: 07/10/2015  
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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

**Patient Name:** [REDACTED] (self)

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
03/11-03/15/15	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This claim is a result of a correction of a previously submitted claim. [J51]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P902LM7F535 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
03/16-03/20/15	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This claim is a result of a correction of a previously submitted claim. [J51]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P902LM7F534 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
03/07-03/11/15	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This claim is a result of a correction of a previously submitted claim. [J51]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Continued on Next Page



P.O. BOX 981106  
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USA

Mailing Address:  
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PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

Printed: 07/10/2015  
Page: 4 of 10

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

**Patient Name:** [REDACTED] (self)

Claim ID: P902LM7F533 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
03/02-03/06/15	21	208		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This claim is a result of a correction of a previously submitted claim. [J51]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P902LM7F532 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
02/25-03/01/15	21	208		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This claim is a result of a correction of a previously submitted claim. [J51]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P902LM7F531 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
02/20-02/24/15	21	208		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This claim is a result of a correction of a previously submitted claim. [J51]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Continued on Next Page



P.O. BOX 981106  
EL PASO TX 79998-1106  
USA

Mailing Address:  
HOBOKEN UNIVERSITY MEDICAL CENTER  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

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Printed: 07/10/2015  
Page: 5 of 10

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

**Patient Name:** [REDACTED] (self)

Claim ID: P902LM7F530 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
02/15-02/19/15	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This claim is a result of a correction of a previously submitted claim. [J51]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P902LM7F529 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
02/10-02/14/15	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This claim is a result of a correction of a previously submitted claim. [J51]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P902LM7F528 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
02/05-02/09/15	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This claim is a result of a correction of a previously submitted claim. [J51]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

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UBF-AETNA 000385

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## Explanation Of Benefits

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

Claim ID: P902LM7F527 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/31-02/04/15	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

### Remarks:

1 - This claim is a result of a correction of a previously submitted claim. [J51]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P902LM7F526 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/26-01/30/15	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

### Remarks:

1 - This claim is a result of a correction of a previously submitted claim. [J51]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P902LM7F525 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/01-01/05/15	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

### Remarks:

1 - This claim is a result of a correction of a previously submitted claim. [J51]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

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## Explanation Of Benefits

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

**Patient Name:** [REDACTED] (self)

**Remarks (contd):**

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PA35MFCMG29 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
11/14-11/16/14	21	206		54,000.00			54,000.00	1				0.00
11/17/14	21	202		20,000.00			20,000.00	1				0.00
<b>TOTALS</b>				74,000.00			74,000.00					0.00

ISSUED AMT:

NO PAY

**Remarks:**

1 - Claim/service lacks information which is needed for adjudication. [J20]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PA35MFCMG28 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
11/09-11/13/14	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT:

NO PAY

**Remarks:**

1 - Claim/service lacks information which is needed for adjudication. [J20]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PA35MFCMG27 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
11/04-11/08/14	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

ISSUED AMT: NO PAY

**Remarks:**

1 - Claim/service lacks information which is needed for adjudication. [J20]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PA35MFCMG26 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

Group Name: UNITED BENEFIT FUND

Product: Aetna Choice® POS II

Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81

Group Number: 0863860-10-151 I P1\$ME0

Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
10/30-11/03/14	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - Claim/service lacks information which is needed for adjudication. [J20]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PA35MFCMG25 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

Group Name: UNITED BENEFIT FUND

Product: Aetna Choice® POS II

Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81

Group Number: 0863860-10-151 I P1\$ME0

Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
10/25-10/27/14	21	202		60,000.00			60,000.00	1				0.00
10/28-10/29/14	21	206		18,000.00			18,000.00	1				0.00
<b>TOTALS</b>				78,000.00			78,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - Claim/service lacks information which is needed for adjudication. [J20]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PA35MFCMG24 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

Group Name: UNITED BENEFIT FUND

Product: Aetna Choice® POS II

Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81

Group Number: 0863860-10-151 I P1\$MED

Network ID: 00000

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## Explanation Of Benefits

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
10/21-10/24/14	21	202		80,000.00			80,000.00	1				0.00
<b>TOTALS</b>				80,000.00			80,000.00					0.00

ISSUED AMT: NO PAY

Remarks:

- 1 - Claim/service lacks information which is needed for adjudication. [J20]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PA35MFCMG23 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863880-10-151 I P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
10/17-10/20/14	21	202		80,000.00			80,000.00	1				0.00
<b>TOTALS</b>				80,000.00			80,000.00					0.00

ISSUED AMT: NO PAY

Remarks:

- 1 - Claim/service lacks information which is needed for adjudication. [J20]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PA35MFCMG22 Recd: 05/04/16 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863880-10-151 I P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
10/13-10/16/14	21	202		80,000.00			80,000.00	1				0.00
<b>TOTALS</b>				80,000.00			80,000.00					0.00

ISSUED AMT: NO PAY

Remarks:

- 1 - Claim/service lacks information which is needed for adjudication. [J20]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

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## Explanation Of Benefits

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXX7328  
NO PAY

**Patient Name:** [REDACTED] (self)

Claim ID: PA35MFCMG32 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
11/27-12/01/14	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - Claim/service lacks information which is needed for adjudication. [J20]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PA35MFCMG31 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
11/22-11/25/14	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - Claim/service lacks information which is needed for adjudication. [J20]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PA35MFCMG30 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
11/18-11/19/14	21	202		40,000.00			40,000.00	1				0.00
11/20-11/21/14	21	206		36,000.00			36,000.00	1				0.00
<b>TOTALS</b>				76,000.00			76,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - Claim/service lacks information which is needed for adjudication. [J20]

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## Explanation Of Benefits

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

**Patient Name:** [REDACTED] (self)

**Remarks:**

- 1 - Claim/service lacks information which is needed for adjudication. [J20]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PA35MFCMG18 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 I P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
09/25-09/29/14	21	202		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

- 1 - Claim/service lacks information which is needed for adjudication. [J20]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PA35MFCMG17 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 I P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
09/20/14	21	206		18,000.00			18,000.00	1				0.00
09/21-09/24/14	21	202		72,000.00			72,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

- 1 - Claim/service lacks information which is needed for adjudication. [J20]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PA35MFCMG16 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 I P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
09/15-09/18/14	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

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## Explanation Of Benefits

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

Claim ID: PA35MFCMG21 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
10/08-10/12/14	21	202		80,000.00			80,000.00	1				0.00
<b>TOTALS</b>				80,000.00			80,000.00					0.00

ISSUED AMT: NO PAY

### Remarks:

1 - Claim/service lacks information which is needed for adjudication. [J20]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PA35MFCMG20 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
10/05-10/07/14	21	202		54,000.00			54,000.00	1				0.00
10/08/14	21	202		20,000.00			20,000.00	1				0.00
<b>TOTALS</b>				74,000.00			74,000.00					0.00

ISSUED AMT: NO PAY

### Remarks:

1 - Claim/service lacks information which is needed for adjudication. [J20]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PA35MFCMG19 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
09/30/14	21	202		18,000.00			18,000.00	1				0.00
10/01-10/04/14	21	202		72,000.00			72,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

ISSUED AMT: NO PAY

**Remarks:**

- 1 - Claim/service lacks information which is needed for adjudication. [J20]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PA35MFCMG15 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
09/10-09/14/14	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

- 1 - Claim/service lacks information which is needed for adjudication. [J20]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PA35MFCMG14 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
09/05-09/09/14	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

- 1 - Claim/service lacks information which is needed for adjudication. [J20]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PA35MFCMG13 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
08/30-08/31/14	21	206		22,000.00			22,000.00	1				0.00

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P.O. BOX 981106  
EL PASO TX 79998-1106  
USA

Mailing Address:  
HOBOKEN UNIVERSITY MEDICAL CENTER  
PO BOX 824491  
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## Explanation Of Benefits

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

**Patient Name:** [REDACTED] (self)

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
09/01-09/04/14	21	206		72,000.00			72,000.00	1				0.00
<b>TOTALS</b>				94,000.00			94,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

- 1 - Claim/service lacks information which is needed for adjudication. [J20]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PA35MFCMG12 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 I P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
08/22-08/26/14	21	206		55,000.00			55,000.00	1			55,000.00	0.00
08/27-08/29/14	21	206		33,000.00			33,000.00	2				0.00
<b>TOTALS</b>				88,000.00			88,000.00				55,000.00	0.00

ISSUED AMT: NO PAY

**Remarks:**

- 1 - Partial Denial. We have determined that a portion of this confinement is not medically necessary. The allowed amount was reduced to reflect the days we authorized. The member is responsible for this amount, along with any coinsurance and/or deductible listed. [N72]  
2 - Claim/service lacks information which is needed for adjudication. [J20]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PA35MFCMG11 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 I P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
08/14-08/21/14	21	206		88,000.00			88,000.00	1				0.00
<b>TOTALS</b>				88,000.00			88,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

- 1 - Claim/service lacks information which is needed for adjudication. [J20]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

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P.O. BOX 981106  
EL PASO TX 79999-1106  
USA

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PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

**Patient Name:** [REDACTED] (self)

Claim ID: PA35MFCMG10 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
08/08-08/13/14	21	206		88,000.00			88,000.00	1				0.00
<b>TOTALS</b>				88,000.00			88,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - Claim/service lacks information which is needed for adjudication. [J20]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PA35MFCMG09 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
07/29-08/05/14	21	206		88,000.00			88,000.00	1				0.00
<b>TOTALS</b>				88,000.00			88,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - Claim/service lacks information which is needed for adjudication. [J20]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PA35MFCMG08 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
07/21-07/28/14	21	206		88,000.00			88,000.00	1				0.00
<b>TOTALS</b>				88,000.00			88,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - Claim/service lacks information which is needed for adjudication. [J20]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

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P.O. BOX 981106  
EL PASO TX 79998-1106  
USA

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HOBOKEN UNIVERSITY MEDICAL CENTER  
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PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: (self)

Claim ID: PA35MFCMG07 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member:

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
07/13-07/20/14	21	206		88,000.00			88,000.00	1				0.00
<b>TOTALS</b>				88,000.00			88,000.00					0.00

ISSUED AMT: NO PAY

### Remarks:

1 - Claim/service lacks information which is needed for adjudication. [J20]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PA35MFCMG06 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member:

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	255		3.09			3.09	1				0.00
07/01-07/06/14	21	206		88,000.00			88,000.00	2			88,000.00	0.00
<b>TOTALS</b>				88,003.09			88,003.09				88,000.00	0.00

ISSUED AMT: NO PAY

### Remarks:

1 - Claim/service lacks information which is needed for adjudication. [J20]

2 - Partial Denial. We have determined that a portion of this confinement is not medically necessary. The allowed amount was reduced to reflect the days we authorized. The member is responsible for this amount, along with any coinsurance and/or deductible listed. [N72]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PA35MFCMG05 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member:

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
06/28-06/30/14	21	202		42,000.00			42,000.00	1			42,000.00	0.00
07/09/14	21	202		14,000.00			14,000.00	1			14,000.00	0.00
07/10-07/12/14	21	202		42,000.00			42,000.00	2				0.00
<b>TOTALS</b>				98,000.00			98,000.00				56,000.00	0.00

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EL PASO TX 79998-1106  
USA

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PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

ISSUED AMT: NO PAY

### Remarks:

- 1 - Partial Denial. We have determined that a portion of this confinement is not medically necessary. The allowed amount was reduced to reflect the days we authorized. The member is responsible for this amount, along with any coinsurance and/or deductible listed. [N72]
- 2 - Claim/service lacks information which is needed for adjudication. [J20]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PA35MFCMG04 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 | P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	258		1,671.02			1,671.02	1				0.00
08/22-06/27/14	21	202		84,000.00			84,000.00	2			84,000.00	0.00
<b>TOTALS</b>				<b>85,671.02</b>			<b>85,671.02</b>				<b>84,000.00</b>	<b>0.00</b>

ISSUED AMT: NO PAY

### Remarks:

- 1 - Claim/service lacks information which is needed for adjudication. [J20]
- 2 - Partial Denial. We have determined that a portion of this confinement is not medically necessary. The allowed amount was reduced to reflect the days we authorized. The member is responsible for this amount, along with any coinsurance and/or deductible listed. [N72]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

For Questions Regarding This Claim  
P.O. BOX 981106 EL PASO, TX 79998-1106

**CALL (888) 632-3862 FOR ASSISTANCE**

Note: All Inquiries should reference the ID number above for prompt response.

Total Patient Responsibility: \$451,000.00

Claim Payment: \$0.00

Protecting the privacy of member health information is a top priority. When contacting us about this statement or for help with other questions, please be prepared to provide your provider number, tax identification number (TIN), or Social Security number (SSN), in addition to the member's ID number.



P.O. BOX 981106  
EL PASO TX 79998-1106  
USA

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PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

Claim ID: PA35MFCMG35 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 | P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
12/12-12/16/14	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

Remarks:

1 - Claim/service lacks information which is needed for adjudication. [J20]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PA35MFCMG34 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 | P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
12/07-12/11/14	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

Remarks:

1 - Claim/service lacks information which is needed for adjudication. [J20]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PA35MFCMG33 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 | P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
12/02-12/06/14	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

Remarks:

1 - Claim/service lacks information which is needed for adjudication. [J20]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

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P.O. BOX 981106  
EL PASO TX 79998-1106  
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Mailing Address:  
HOBOKEN UNIVERSITY MEDICAL CENTER  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

Printed: 05/29/2015  
Page: 4 of 22

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

Claim ID: PA35MFCMG03 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	251		1,679.41			1,679.41	1				0.00
06/16-06/21/14	21	202		84,000.00			84,000.00	2			84,000.00	0.00
<b>TOTALS</b>				<b>85,679.41</b>			<b>85,679.41</b>				<b>84,000.00</b>	<b>0.00</b>

ISSUED AMT: NO PAY

### Remarks:

- 1 - Claim/service lacks information which is needed for adjudication. [J20]
- 2 - Partial Denial. We have determined that a portion of this confinement is not medically necessary. The allowed amount was reduced to reflect the days we authorized. The member is responsible for this amount, along with any coinsurance and/or deductible listed. [N72]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PA35MFCMG02 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
06/10-06/15/14	21	202		84,000.00			84,000.00	1			84,000.00	0.00
<b>TOTALS</b>				<b>84,000.00</b>			<b>84,000.00</b>				<b>84,000.00</b>	<b>0.00</b>

ISSUED AMT: NO PAY

### Remarks:

- 1 - Partial Denial. We have determined that a portion of this confinement is not medically necessary. The allowed amount was reduced to reflect the days we authorized. The member is responsible for this amount, along with any coinsurance and/or deductible listed. [N72]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PA35MFCMG01 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
06/04-06/09/14	21	202		84,000.00			84,000.00	1				0.00
<b>TOTALS</b>				<b>84,000.00</b>			<b>84,000.00</b>					<b>0.00</b>

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P.O. BOX 981106  
EL PASO TX 79996-1106  
USA

Mailing Address:  
HOBOKEN UNIVERSITY MEDICAL CENTER  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

Printed: 05/29/2015  
Page: 5 of 22

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

ISSUED AMT: NO PAY

Remarks:

1 - Claim/service lacks information which is needed for adjudication. [J20]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PA35MFCMG00 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-06/03/14	21	202		84,000.00			84,000.00	1				0.00
<b>TOTALS</b>				84,000.00			84,000.00					0.00

ISSUED AMT: NO PAY

Remarks:

1 - Claim/service lacks information which is needed for adjudication. [J20]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P902LM7F512 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
03/02-03/06/15	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

Remarks:

1 - Claim/service lacks information which is needed for adjudication. [J20]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P902LM7F511 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

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EL PASO TX 79998-1106  
USA

Mailing Address:  
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## Explanation Of Benefits

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

Claim ID: PA35MFCMG38 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 | P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
12/27-12/31/14	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

Remarks:

1 - Claim/service lacks information which is needed for adjudication. [J20]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PA35MFCMG37 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 | P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
12/22-12/26/14	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

Remarks:

1 - Claim/service lacks information which is needed for adjudication. [J20]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PA35MFCMG36 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 | P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
12/17-12/21/14	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

Remarks:

1 - Claim/service lacks information which is needed for adjudication. [J20]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

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USA

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## Explanation Of Benefits

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: [REDACTED] (spouse)

ISSUED AMT: NO PAY

**Remarks:**

- These service codes reflect the submitted codes. The service codes directly below the shaded lines indicate the service codes utilized for payment based upon our claim policies and rules. [998]
- This is a duplicate claim that has already been considered for payment. 114

For Questions Regarding This Claim  
P.O. BOX 981106 EL PASO, TX 79998-1106

**CALL (888) 632-3862 FOR ASSISTANCE**

Note: All inquiries should reference the ID number above for prompt response.

Total Patient Responsibility: \$0.00

Claim Payment: \$0.00

Patient Name: [REDACTED] (self)

Claim ID: PA35MFCMG39 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-06/03/14	21	202		84,000.00			84,000.00	1				0.00
<b>TOTALS</b>				84,000.00			84,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

- This claim is a result of a correction of a previously submitted claim. [J51]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PA35MFCMG41 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
06/10-06/15/14	21	202		84,000.00			84,000.00	1				0.00
<b>TOTALS</b>				84,000.00			84,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

- This claim is a result of a correction of a previously submitted claim. [J51]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

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UBF-AETNA 000402

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## Explanation Of Benefits

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

Claim ID: PA35MFCMG40 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

Group Name: UNITED BENEFIT FUND

Product: Aetna Choice® POS II

Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81

Group Number: 0863860-10-151 I P1\$ME0

Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
06/04-06/09/14	21	202		84,000.00			84,000.00	1				0.00
<b>TOTALS</b>				84,000.00			84,000.00					0.00

ISSUED AMT: NO PAY

### Remarks:

1 - This claim is a result of a correction of a previously submitted claim. [J51]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PA35MFCMG45 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

Group Name: UNITED BENEFIT FUND

Product: Aetna Choice® POS II

Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81

Group Number: 0863860-10-151 I P1\$ME0

Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	255		3.09			3.09	1				0.00
07/01-07/06/14	21	206		88,000.00			88,000.00	1				0.00
<b>TOTALS</b>				88,003.09			88,003.09					0.00

ISSUED AMT: NO PAY

### Remarks:

1 - This claim is a result of a correction of a previously submitted claim. [J51]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PA35MFCMG44 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

Group Name: UNITED BENEFIT FUND

Product: Aetna Choice® POS II

Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81

Group Number: 0863860-10-151 I P1\$ME0

Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
06/28-08/30/14	21	202		42,000.00			42,000.00	1				0.00
07/09/14	21	202		14,000.00			14,000.00	1				0.00
07/10-07/12/14	21	202		42,000.00			42,000.00	1				0.00
<b>TOTALS</b>				98,000.00			98,000.00					0.00

ISSUED AMT: NO PAY

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## Explanation Of Benefits

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

**Remarks:**

1 - This claim is a result of a correction of a previously submitted claim. [J51]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PA35MFCMG43 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 | P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	258		1,671.02			1,671.02	1				0.00
06/22-06/27/14	21	202		84,000.00			84,000.00	1				0.00
<b>TOTALS</b>				85,671.02			85,671.02					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This claim is a result of a correction of a previously submitted claim. [J51]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PA35MFCMG42 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 | P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	251		1,679.41			1,679.41	1				0.00
06/16-06/21/14	21	202		84,000.00			84,000.00	1				0.00
<b>TOTALS</b>				85,679.41			85,679.41					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This claim is a result of a correction of a previously submitted claim. [J51]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PA35MFCMG77 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 | P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
12/27-12/31/14	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

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## Explanation Of Benefits

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

ISSUED AMT: NO PAY

### Remarks:

1 - This claim is a result of a correction of a previously submitted claim. [J51]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PA35MFCMG76 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
12/22-12/26/14	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

### Remarks:

1 - This claim is a result of a correction of a previously submitted claim. [J51]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PA35MFCMG75 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
12/17-12/21/14	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

### Remarks:

1 - This claim is a result of a correction of a previously submitted claim. [J51]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PA35MFCMG74 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

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UBF-AETNA 000405

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## Explanation Of Benefits

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
12/12-12/16/14	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

Remarks:

1 - This claim is a result of a correction of a previously submitted claim. (J51)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PA35MFCMG73 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250  
Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 | P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
12/07-12/11/14	21	208		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

Remarks:

1 - This claim is a result of a correction of a previously submitted claim. (J51)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PA35MFCMG72 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250  
Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 | P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
12/02-12/06/14	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

Remarks:

1 - This claim is a result of a correction of a previously submitted claim. (J51)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

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## Explanation Of Benefits

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Printed: 07/03/2015  
Page: 7 of 16

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

Claim ID: PA35MFCMG71 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
11/27-12/01/14	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

### Remarks:

1 - This claim is a result of a correction of a previously submitted claim. [J51]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PA35MFCMG70 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
11/22-11/26/14	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

### Remarks:

1 - This claim is a result of a correction of a previously submitted claim. [J51]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PA35MFCMG69 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
11/18-11/19/14	21	202		40,000.00			40,000.00	1				0.00
11/20-11/21/14	21	206		36,000.00			36,000.00	1				0.00
<b>TOTALS</b>				76,000.00			76,000.00					0.00

ISSUED AMT: NO PAY

### Remarks:

1 - This claim is a result of a correction of a previously submitted claim. [J51]

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USA

Mailing Address:  
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## Explanation Of Benefits

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Printed: 07/03/2015  
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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXX7328  
NO PAY

**Patient Name:** [REDACTED] (self)

**Remarks (contd):**

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PA35MFCMG68 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED] DIAG: 434.91, 431, 518.81  
Group Name: UNITED BENEFIT FUND Group Number: 0863860-10-151 I P1\$ME0  
Product: Aetna Choice® POS II Network ID: 00000  
Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
11/14-11/16/14	21	206		54,000.00			54,000.00	1				0.00
11/17/14	21	202		20,000.00			20,000.00	1				0.00
<b>TOTALS</b>				74,000.00			74,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This claim is a result of a correction of a previously submitted claim. [J51]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PA35MFCMG67 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED] DIAG: 434.91, 431, 518.81  
Group Name: UNITED BENEFIT FUND Group Number: 0863860-10-151 I P1\$ME0  
Product: Aetna Choice® POS II Network ID: 00000  
Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
11/09-11/13/14	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This claim is a result of a correction of a previously submitted claim. [J51]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PA35MFCMG68 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED] DIAG: 434.91, 431, 518.81  
Group Name: UNITED BENEFIT FUND Group Number: 0863860-10-151 I P1\$ME0  
Product: Aetna Choice® POS II Network ID: 00000  
Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
11/04-11/08/14	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

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## Explanation Of Benefits

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0008420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

ISSUED AMT: NO PAY

**Remarks:**

1 - This claim is a result of a correction of a previously submitted claim. [J51]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PA35MFCMG65 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
10/30-11/03/14	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This claim is a result of a correction of a previously submitted claim. [J51]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PA35MFCMG64 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
10/25-10/27/14	21	202		60,000.00			60,000.00	1				0.00
10/28-10/29/14	21	206		18,000.00			18,000.00	1				0.00
<b>TOTALS</b>				78,000.00			78,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This claim is a result of a correction of a previously submitted claim. [J51]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PA35MFCMG63 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

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## Explanation Of Benefits

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
10/21-10/24/14	21	202		80,000.00			80,000.00	1				0.00
<b>TOTALS</b>				80,000.00			80,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This claim is a result of a correction of a previously submitted claim. [J51]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PA35MFCMG62 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
10/17-10/20/14	21	202		80,000.00			80,000.00	1				0.00
<b>TOTALS</b>				80,000.00			80,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This claim is a result of a correction of a previously submitted claim. [J51]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PA35MFCMG61 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
10/13-10/16/14	21	202		80,000.00			80,000.00	1				0.00
<b>TOTALS</b>				80,000.00			80,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This claim is a result of a correction of a previously submitted claim. [J51]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

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## Explanation Of Benefits

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

Claim ID: PA35MFCMG60 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
10/09-10/12/14	21	202		80,000.00			80,000.00	1				0.00
<b>TOTALS</b>				80,000.00			80,000.00					0.00

ISSUED AMT: NO PAY

### Remarks:

1 - This claim is a result of a correction of a previously submitted claim. (J51)

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PA35MFCMG59 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
10/05-10/07/14	21	202		54,000.00			54,000.00	1				0.00
10/08/14	21	202		20,000.00			20,000.00	1				0.00
<b>TOTALS</b>				74,000.00			74,000.00					0.00

ISSUED AMT: NO PAY

### Remarks:

1 - This claim is a result of a correction of a previously submitted claim. (J51)

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PA35MFCMG58 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
09/30/14	21	202		18,000.00			18,000.00	1				0.00
10/01-10/04/14	21	202		72,000.00			72,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

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## Explanation Of Benefits

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

**Patient Name:** [REDACTED] (self)

**Remarks:**

- 1 - This claim is a result of a correction of a previously submitted claim. [J51]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PA35MFCMG57 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
09/25-09/29/14	21	202		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

- 1 - This claim is a result of a correction of a previously submitted claim. [J51]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PA35MFCMG56 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
09/20/14	21	206		18,000.00			18,000.00	1				0.00
09/21-09/24/14	21	202		72,000.00			72,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

- 1 - This claim is a result of a correction of a previously submitted claim. [J51]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PA35MFCMG55 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
09/15-09/19/14	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

ISSUED AMT: NO PAY

**Remarks:**

1 - This claim is a result of a correction of a previously submitted claim. [J51]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PA35MFCMG54 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
09/10-09/14/14	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This claim is a result of a correction of a previously submitted claim. [J51]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PA35MFCMG53 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
09/05-09/09/14	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This claim is a result of a correction of a previously submitted claim. [J51]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PA35MFCMG52 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
08/30-08/31/14	21	206		22,000.00			22,000.00	1				0.00

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## Explanation Of Benefits

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
09/01-09/04/14	21	206		72,000.00			72,000.00	1				0.00
<b>TOTALS</b>				94,000.00			94,000.00					0.00

ISSUED AMT: NO PAY

Remarks:

1 - This claim is a result of a correction of a previously submitted claim. [J51]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PA35MFCMG51 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

Group Name: UNITED BENEFIT FUND

Product: Aetna Choice® POS II

Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 | P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
08/22-08/26/14	21	206		55,000.00			55,000.00	1				0.00
08/27-08/29/14	21	206		33,000.00			33,000.00	1				0.00
<b>TOTALS</b>				88,000.00			88,000.00					0.00

ISSUED AMT: NO PAY

Remarks:

1 - This claim is a result of a correction of a previously submitted claim. [J51]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PA35MFCMG50 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

Group Name: UNITED BENEFIT FUND

Product: Aetna Choice® POS II

Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 | P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
08/14-08/21/14	21	206		88,000.00			88,000.00	1				0.00
<b>TOTALS</b>				88,000.00			88,000.00					0.00

ISSUED AMT: NO PAY

Remarks:

1 - This claim is a result of a correction of a previously submitted claim. [J51]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

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USA

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PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXX7328  
NO PAY

**Patient Name:** [REDACTED] (self)

Claim ID: PA35MFCMG49 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 | P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
08/06-08/13/14	21	206		88,000.00			88,000.00	1				0.00
<b>TOTALS</b>				88,000.00			88,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This claim is a result of a correction of a previously submitted claim. [J51]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PA35MFCMG48 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 | P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
07/29-08/05/14	21	206		88,000.00			88,000.00	1				0.00
<b>TOTALS</b>				88,000.00			88,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This claim is a result of a correction of a previously submitted claim. [J51]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PA35MFCMG47 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 | P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
07/21-07/28/14	21	206		88,000.00			88,000.00	1				0.00
<b>TOTALS</b>				88,000.00			88,000.00					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This claim is a result of a correction of a previously submitted claim. [J51]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

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EL PASO TX 79998-1106  
USA

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## Explanation Of Benefits

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

**Patient Name:** [REDACTED] (self)

Claim ID: PA35MFCMG46 Recd: 06/23/15 Member ID: W199669854 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
07/13-07/20/14	21	206		88,000.00			88,000.00	1				0.00
<b>TOTALS</b>				88,000.00			88,000.00					0.00

ISSUED AMT: NO PAY

### Remarks:

1 - This claim is a result of a correction of a previously submitted claim. [J51]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

For Questions Regarding This Claim  
P.O. BOX 981106 EL PASO, TX 79998-1106  
**CALL (888) 632-3862 FOR ASSISTANCE**

Note: All inquiries should reference the ID number above for prompt response.

Total Patient Responsibility: \$0.00  
Claim Payment: \$0.00

Protecting the privacy of member health information is a top priority. When contacting us about this statement or for help with other questions, please be prepared to provide your provider number, tax identification number (TIN), or Social Security number (SSN), in addition to the member's ID number.



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EL PASO TX 79998-1108  
USA

Mailing Address:  
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PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

Claim ID: PDPBLSGKL00 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	250		91,364.03			91,364.03	1				0.00
<b>TOTALS</b>				91,364.03			91,364.03					0.00

ISSUED AMT: NO PAY

### Remarks:

1 - This is a duplicate claim that has already been considered for payment. 114

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PCABN38RW29 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/21/15	21	206		16,555.20			16,555.20	1				0.00
<b>TOTALS</b>				16,555.20			16,555.20					0.00

ISSUED AMT: NO PAY

### Remarks:

1 - This is a duplicate claim that has already been considered for payment. 114

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PCABN38RW28 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/16-05/20/15	21	206		82,775.80			82,775.80	1				0.00
<b>TOTALS</b>				82,775.80			82,775.80					0.00

ISSUED AMT: NO PAY

### Remarks:

1 - This is a duplicate claim that has already been considered for payment. 114

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

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## Explanation Of Benefits

Please Retain for Future Reference

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

Claim ID: PCABN38RW27 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 | P1\$ME0

Product: Aetna Choice@ POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/11-05/15/15	21	206		82,775.80			82,775.80	1				0.00
<b>TOTALS</b>				82,775.80			82,775.80					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This is a duplicate claim that has already been considered for payment. 114  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PCABN38RW26 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 | P1\$ME0

Product: Aetna Choice@ POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/06-05/10/15	21	206		82,775.80			82,775.80	1				0.00
<b>TOTALS</b>				82,775.80			82,775.80					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This is a duplicate claim that has already been considered for payment. 114  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PCABN38RW25 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 | P1\$ME0

Product: Aetna Choice@ POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/01-05/05/15	21	206		82,775.80			82,775.80	1				0.00
<b>TOTALS</b>				82,775.80			82,775.80					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This is a duplicate claim that has already been considered for payment. 114  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

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## Explanation Of Benefits

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

Claim ID: PCABN38RW24 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-11-151 I P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
04/26-04/30/15	21	206		82,775.80			82,775.80	1				0.00
<b>TOTALS</b>				82,775.80			82,775.80					0.00

ISSUED AMT: NO PAY

Remarks:

1 - This is a duplicate claim that has already been considered for payment. 114  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PCABN38RW23 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-11-151 I P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
04/21-04/25/15	21	206		82,775.80			82,775.80	1				0.00
<b>TOTALS</b>				82,775.80			82,775.80					0.00

ISSUED AMT: NO PAY

Remarks:

1 - This is a duplicate claim that has already been considered for payment. 114  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PCABN38RW22 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-11-151 I P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
04/16-04/20/15	21	206		82,775.80			82,775.80	1				0.00
<b>TOTALS</b>				82,775.80			82,775.80					0.00

ISSUED AMT: NO PAY

Remarks:

1 - This is a duplicate claim that has already been considered for payment. 114  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

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## Explanation Of Benefits

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

**Patient Name:** [REDACTED] (self)

Claim ID: PCABN38RW21 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
04/11-04/15/15	21	206		82,775.80			82,775.80	1				0.00
<b>TOTALS</b>				82,775.80			82,775.80					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This is a duplicate claim that has already been considered for payment. 114  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PCABN38RW20 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
04/06-04/10/15	21	206		82,775.80			82,775.80	1				0.00
<b>TOTALS</b>				82,775.80			82,775.80					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This is a duplicate claim that has already been considered for payment. 114  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PCABN38RW19 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
04/01-04/05/15	21	206		82,775.80			82,775.80	1				0.00
<b>TOTALS</b>				82,775.80			82,775.80					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This is a duplicate claim that has already been considered for payment. 114  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

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## Explanation Of Benefits

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

Claim ID: PCABN38RW18 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
03/31/15	21	206		16,555.16			16,555.16	1				0.00
<b>TOTALS</b>				16,555.16			16,555.16					0.00

ISSUED AMT: NO PAY

Remarks:

1 - This is a duplicate claim that has already been considered for payment. 114  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PCABN38RW17 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
03/26-03/30/15	21	206		82,775.80			82,775.80	1				0.00
<b>TOTALS</b>				82,775.80			82,775.80					0.00

ISSUED AMT: NO PAY

Remarks:

1 - This is a duplicate claim that has already been considered for payment. 114  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PCABN38RW16 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
03/21-03/25/15	21	206		82,775.80			82,775.80	1				0.00
<b>TOTALS</b>				82,775.80			82,775.80					0.00

ISSUED AMT: NO PAY

Remarks:

1 - This is a duplicate claim that has already been considered for payment. 114  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

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## Explanation Of Benefits

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

Claim ID: PCABN38RW15 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
03/16-03/20/15	21	206		82,775.80			82,775.80	1				0.00
<b>TOTALS</b>				82,775.80			82,775.80					0.00

ISSUED AMT: NO PAY

### Remarks:

1 - This is a duplicate claim that has already been considered for payment. 114

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PCABN38RW14 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
03/11-03/15/15	21	206		82,775.80			82,775.80	1				0.00
<b>TOTALS</b>				82,775.80			82,775.80					0.00

ISSUED AMT: NO PAY

### Remarks:

1 - This is a duplicate claim that has already been considered for payment. 114

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PCABN38RW13 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
03/06-03/10/15	21	206		82,775.80			82,775.80	1				0.00
<b>TOTALS</b>				82,775.80			82,775.80					0.00

ISSUED AMT: NO PAY

### Remarks:

1 - This is a duplicate claim that has already been considered for payment. 114

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

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UBF-AETNA 000422

CONFIDENTIAL



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USA

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PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

Claim ID: PCABN38RW12 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
03/01-03/05/15	21	206		82,775.80			82,775.80	1				0.00
<b>TOTALS</b>				82,775.80			82,775.80					0.00

ISSUED AMT: NO PAY

Remarks:

- 1 - This is a duplicate claim that has already been considered for payment. 114  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PCABN38RW11 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
02/25-02/28/15	21	206		66,220.64			66,220.64	1				0.00
<b>TOTALS</b>				66,220.64			66,220.64					0.00

ISSUED AMT: NO PAY

Remarks:

- 1 - This is a duplicate claim that has already been considered for payment. 114  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PCABN38RW10 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
02/20-02/24/15	21	206		82,775.80			82,775.80	1				0.00
<b>TOTALS</b>				82,775.80			82,775.80					0.00

ISSUED AMT: NO PAY

Remarks:

- 1 - This is a duplicate claim that has already been considered for payment. 114  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

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EL PASO TX 79998-1106  
USA

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PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

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Page: 33 of 36

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

Claim ID: PCABN38RW09 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
02/15-02/19/15	21	206		82,775.80			82,775.80	1				0.00
<b>TOTALS</b>				82,775.80			82,775.80					0.00

ISSUED AMT: NO PAY

### Remarks:

1 - This is a duplicate claim that has already been considered for payment. 114  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PCABN38RW08 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
02/10-02/14/15	21	206		82,775.80			82,775.80	1				0.00
<b>TOTALS</b>				82,775.80			82,775.80					0.00

ISSUED AMT: NO PAY

### Remarks:

1 - This is a duplicate claim that has already been considered for payment. 114  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PCABN38RW07 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
02/05-02/09/15	21	206		82,775.80			82,775.80	1				0.00
<b>TOTALS</b>				82,775.80			82,775.80					0.00

ISSUED AMT: NO PAY

### Remarks:

1 - This is a duplicate claim that has already been considered for payment. 114  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

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UBF-AETNA 000424

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## Explanation Of Benefits

Please Retain for Future Reference

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

Claim ID: PCABN38RW06 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/31-02/04/15	21	206		82,775.80			82,775.80	1				0.00
<b>TOTALS</b>				82,775.80			82,775.80					0.00

ISSUED AMT: NO PAY

### Remarks:

1 - This is a duplicate claim that has already been considered for payment. 114

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PCABN38RW05 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/26-01/30/15	21	206		82,775.80			82,775.80	1				0.00
<b>TOTALS</b>				82,775.80			82,775.80					0.00

ISSUED AMT: NO PAY

### Remarks:

1 - This is a duplicate claim that has already been considered for payment. 114

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PCABN38RW04 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/21-01/25/15	21	206		82,775.80			82,775.80	1				0.00
<b>TOTALS</b>				82,775.80			82,775.80					0.00

ISSUED AMT: NO PAY

### Remarks:

1 - This is a duplicate claim that has already been considered for payment. 114

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

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## Explanation Of Benefits

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

Claim ID: PCABN38RW03 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/16-01/20/15	21	206		82,775.80			82,775.80	1				0.00
<b>TOTALS</b>				82,775.80			82,775.80					0.00

ISSUED AMT: NO PAY

### Remarks:

1 - This is a duplicate claim that has already been considered for payment. 114  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PCABN38RW02 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/11-01/15/15	21	206		82,775.80			82,775.80	1				0.00
<b>TOTALS</b>				82,775.80			82,775.80					0.00

ISSUED AMT: NO PAY

### Remarks:

1 - This is a duplicate claim that has already been considered for payment. 114  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PCABN38RW01 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/06-01/10/15	21	206		82,775.80			82,775.80	1				0.00
<b>TOTALS</b>				82,775.80			82,775.80					0.00

ISSUED AMT: NO PAY

### Remarks:

1 - This is a duplicate claim that has already been considered for payment. 114  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

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## Explanation Of Benefits

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Page: 36 of 36

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXX7328  
NO PAY

**Patient Name:** [REDACTED] (self)

Claim ID: PCABN38RW00 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/01-01/05/15	21	206		82,775.80			82,775.80	1				0.00
<b>TOTALS</b>				82,775.80			82,775.80					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This is a duplicate claim that has already been considered for payment. 114  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P1JLM6G7B42 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
12/22-12/26/14	21	206		82,775.80			82,775.80	1				0.00
<b>TOTALS</b>				82,775.80			82,775.80					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This is a duplicate claim that has already been considered for payment. 114  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

For Questions Regarding This Claim  
P.O. BOX 981106 EL PASO, TX 79998-1106

**CALL (888) 632-3862 FOR ASSISTANCE**

Note: All Inquiries should reference the ID number above for prompt response.

Total Patient Responsibility: \$566,360.08

Claim Payment: \$0.00

Protecting the privacy of member health information is a top priority. When contacting us about this statement or for help with other questions, please be prepared to provide your provider number, tax identification number (TIN), or Social Security number (SSN), in addition to the member's ID number.



P.O. BOX 981106  
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## Explanation Of Benefits

Please Retain for Future Reference

Printed: 09/25/2015  
Page: 20 of 36

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

**Patient Name:** [REDACTED] (self)

Claim ID: PQTWN36DX00 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/01-05/22/15	21	250		59,365.56			59,365.56	1				0.00
01/01-05/22/15	21	251		980.42			980.42	1				0.00
01/01-05/22/15	21	252		30,453.05			30,453.05	1				0.00
01/01-05/22/15	21	255		1.80			1.80	1				0.00
<b>TOTALS</b>				90,800.83			90,800.83					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This is a duplicate claim that has already been considered for payment. 114  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PDPBLSGKL14 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	801		53,156.51			53,156.51	1				0.00
<b>TOTALS</b>				53,156.51			53,156.51					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This is a duplicate claim that has already been considered for payment. 114  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PDPBLSGKL13 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	801		53,156.52			53,156.52	1				0.00
<b>TOTALS</b>				53,156.52			53,156.52					0.00

ISSUED AMT: NO PAY

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## Explanation Of Benefits

Please Retain for Future Reference

Printed: 09/25/2015  
Page: 21 of 36

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

**Patient Name:** [REDACTED] (self)

**Remarks:**

1 - This is a duplicate claim that has already been considered for payment. 114  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PDPBLSGKL12 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 I P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	636		66,034.42			66,034.42	1				0.00
<b>TOTALS</b>				66,034.42			66,034.42					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This is a duplicate claim that has already been considered for payment. 114  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PDPBLSGKL11 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 I P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	636		66,034.43			66,034.43	1				0.00
<b>TOTALS</b>				66,034.43			66,034.43					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This is a duplicate claim that has already been considered for payment. 114  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PDPBLSGKL10 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 I P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	410		81,761.37			81,761.37	1				0.00
<b>TOTALS</b>				81,761.37			81,761.37					0.00

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USA

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## Explanation Of Benefits

Please Retain for Future Reference

Printed: 09/25/2015  
Page: 22 of 36

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

ISSUED AMT: NO PAY

**Remarks:**

1 - This is a duplicate claim that has already been considered for payment. 114  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PDPBLSGKL09 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	410		81,761.38			81,761.38	1				0.00
<b>TOTALS</b>				81,761.38			81,761.38					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This is a duplicate claim that has already been considered for payment. 114  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PDPBLSGKL08 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	410		81,761.38			81,761.38	1				0.00
<b>TOTALS</b>				81,761.38			81,761.38					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This is a duplicate claim that has already been considered for payment. 114  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PDPBLSGKL07 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	730		2,393.06			2,393.06	1				0.00
05/29-12/31/14	21	740		4,518.81			4,518.81	1				0.00

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UBF-AETNA 000430

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

Printed: 09/25/2015  
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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	750		1,894.20			1,894.20	1				0.00
05/29-12/31/14	21	761		66.07			66.07	1				0.00
05/29-12/31/14	21	921		1,761.63			1,761.63	1				0.00
05/29-12/31/14	21	483		2,180.06			2,180.06	1				0.00
05/29/14	21	450		15,605.40			15,605.40	1				0.00
<b>TOTALS</b>				<b>28,419.23</b>			<b>28,419.23</b>					<b>0.00</b>

ISSUED AMT: NO PAY

Remarks:

1 - This is a duplicate claim that has already been considered for payment. 114  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PDPBLSGKL06 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

Group Name: UNITED BENEFIT FUND

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	390		6,908.96			6,908.96	1				0.00
05/29-12/31/14	21	391		8,369.19			8,369.19	1				0.00
05/29-12/31/14	21	402		4,108.57			4,108.57	1				0.00
05/29-12/31/14	21	460		57,129.80			57,129.80	1				0.00
05/29-12/31/14	21	710		11,817.65			11,817.65	1				0.00
<b>TOTALS</b>				<b>88,334.17</b>			<b>88,334.17</b>					<b>0.00</b>

ISSUED AMT: NO PAY

Remarks:

1 - This is a duplicate claim that has already been considered for payment. 114  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PDPBLSGKL05 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

Group Name: UNITED BENEFIT FUND

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	324		22,044.74			22,044.74	1				0.00
05/29-12/31/14	21	351		5,617.75			5,617.75	1				0.00
05/29-12/31/14	21	352		3,812.61			3,812.61	1				0.00
05/29-12/31/14	21	360		34,835.53			34,835.53	1				0.00
05/29-12/31/14	21	361		12,667.38			12,667.38	1				0.00

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UBF-AETNA 000431

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EL PASO TX 79998-1106  
USA

Mailing Address:  
HOBOKEN UNIVERSITY MEDICAL CENTER  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	370		16,077.21			16,077.21	1				0.00
<b>TOTALS</b>				95,055.22			85,055.22					0.00

ISSUED AMT: NO PAY

Remarks:

1 - This is a duplicate claim that has already been considered for payment. 114  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PDPBLSGKL04 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	305		33,025.95			33,025.95	1				0.00
05/29-12/31/14	21	306		747.47			747.47	1				0.00
05/29-12/31/14	21	307		922.95			922.95	1				0.00
05/29-12/31/14	21	309		22,012.98			22,012.98	1				0.00
05/29-12/31/14	21	310		1,634.53			1,634.53	1				0.00
05/29-12/31/14	21	320		15,929.50			15,929.50	1				0.00
<b>TOTALS</b>				74,273.38			74,273.38					0.00

ISSUED AMT: NO PAY

Remarks:

1 - This is a duplicate claim that has already been considered for payment. 114  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PDPBLSGKL03 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	301		80,696.92			80,696.92	1				0.00
05/29-12/31/14	21	302		4,377.31			4,377.31	1				0.00
<b>TOTALS</b>				85,074.23			85,074.23					0.00

ISSUED AMT: NO PAY

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## Explanation Of Benefits

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

**Remarks:**

1 - This is a duplicate claim that has already been considered for payment. 114  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PDPBLSGKL02 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 | P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	272		20,713.35			20,713.35	1				0.00
05/29-12/31/14	21	278		11,583.80			11,583.80	1				0.00
05/29-12/31/14	21	300		12,396.84			12,396.84	1				0.00
<b>TOTALS</b>				<b>44,693.99</b>			<b>44,693.99</b>					<b>0.00</b>

ISSUED AMT: NO PAY

**Remarks:**

1 - This is a duplicate claim that has already been considered for payment. 114  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PDPBLSGKL01 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 | P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	251		1,508.87			1,508.87	1				0.00
05/29-12/31/14	21	252		46,867.45			46,867.45	1				0.00
05/29-12/31/14	21	255		2.77			2.77	1				0.00
05/29-12/31/14	21	258		1,615.30			1,615.30	1				0.00
05/29-12/31/14	21	260		29,290.44			29,290.44	1				0.00
05/29-12/31/14	21	270		6,955.56			6,955.56	1				0.00
05/29-12/31/14	21	271		0.64			0.64	1				0.00
<b>TOTALS</b>				<b>86,241.03</b>			<b>86,241.03</b>					<b>0.00</b>

ISSUED AMT: NO PAY

**Remarks:**

1 - This is a duplicate claim that has already been considered for payment. 114  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)



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## Explanation Of Benefits

Please Retain for Future Reference

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0008420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

Claim ID: PDPBLSGKL00 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	250		91,364.03			91,364.03	1				0.00
<b>TOTALS</b>				91,364.03			91,364.03					0.00

ISSUED AMT: NO PAY

### Remarks:

1 - This is a duplicate claim that has already been considered for payment. 114

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PCABN38RW29 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/21/15	21	206		16,555.20			16,555.20	1				0.00
<b>TOTALS</b>				16,555.20			16,555.20					0.00

ISSUED AMT: NO PAY

### Remarks:

1 - This is a duplicate claim that has already been considered for payment. 114

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PCABN38RW28 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/16-05/20/15	21	206		82,775.80			82,775.80	1				0.00
<b>TOTALS</b>				82,775.80			82,775.80					0.00

ISSUED AMT: NO PAY

### Remarks:

1 - This is a duplicate claim that has already been considered for payment. 114

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

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UBF-AETNA 000434

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EL PASO TX 79998-1108  
USA

Mailing Address:  
HOBOKEN UNIVERSITY MEDICAL CENTER  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

ISSUED AMT: NO PAY

**Remarks:**

1 - Claim/service lacks information which is needed for adjudication. [J20]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PJPBLGTFT07 Recd: 05/04/15 Member ID: W198669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	410		86,527.86			86,527.86	1				0.00
<b>TOTALS</b>				86,527.86			86,527.86					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - Claim/service lacks information which is needed for adjudication. [J20]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PJPBLGTFT06 Recd: 05/04/15 Member ID: W198669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	410		86,527.86			86,527.86	1				0.00
<b>TOTALS</b>				86,527.86			86,527.86					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - Claim/service lacks information which is needed for adjudication. [J20]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PJPBLGTFT05 Recd: 05/04/15 Member ID: W198669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	361		14,127.48			14,127.48	1				0.00
05/29-12/31/14	21	370		13,641.19			13,641.19	1				0.00

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P.O. BOX 981106  
EL PASO TX 79998-1106  
USA

**Mailing Address:**  
HOBOKEN UNIVERSITY MEDICAL CENTER  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

Printed: 05/22/2015  
Page: 6 of 6

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXX7328  
NO PAY

**Patient Name:** [REDACTED] (self)

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	301		58,696.79			58,696.79	1				0.00
05/29-12/31/14	21	324		23,797.52			23,797.52	1				0.00
<b>TOTALS</b>				82,494.31			82,494.31					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - Claim/service lacks information which is needed for adjudication. [J20]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

**For Questions Regarding This Claim**

P.O. BOX 981106 EL PASO, TX 79998-1106

**CALL (888) 632-3862 FOR ASSISTANCE**

Note: All inquiries should reference the ID number above for prompt response.

Total Patient Responsibility: \$0.00

Claim Payment: \$0.00

Protecting the privacy of member health information is a top priority. When contacting us about this statement or for help with other questions, please be prepared to provide your provider number, tax identification number (TIN), or Social Security number (SSN), in addition to the member's ID number.



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EL PASO TX 79998-1106  
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## Explanation Of Benefits

Please Retain for Future Reference

Printed: 05/22/2015  
Page: 5 of 6

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	390		6,365.60			6,365.60	1				0.00
05/29-12/31/14	21	391		8,384.91			8,384.91	1				0.00
05/29-12/31/14	21	402		4,582.15			4,582.15	1				0.00
05/29/14	21	450		15,605.40			15,605.40	1				0.00
05/29-12/31/14	21	483		2,431.35			2,431.35	1				0.00
05/29-12/31/14	21	710		8,786.54			8,786.54	1				0.00
05/29-12/31/14	21	730		2,224.08			2,224.08	1				0.00
05/29-12/31/14	21	740		5,039.67			5,039.67	1				0.00
05/29-12/31/14	21	750		2,112.54			2,112.54	1				0.00
05/29-12/31/14	21	761		73.69			73.69	1				0.00
05/29-12/31/14	21	921		1,964.68			1,964.68	1				0.00
<b>TOTALS</b>				<b>85,339.28</b>			<b>85,339.28</b>					<b>0.00</b>

ISSUED AMT: NO PAY

Remarks:

1 - Claim/service lacks information which is needed for adjudication. [J20]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PJPBLGTFT04 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

Group Name: UNITED BENEFIT FUND

Product: Aetna Choice® POS II

Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81

Group Number: 0863860-10-151 I P1\$MED

Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	301		58,696.78			58,696.78	1				0.00
05/29-12/31/14	21	351		6,265.28			6,265.28	1				0.00
05/29-12/31/14	21	352		4,252.07			4,252.07	1				0.00
05/29-12/31/14	21	360		22,454.16			22,454.16	1				0.00
<b>TOTALS</b>				<b>91,668.29</b>			<b>91,668.29</b>					<b>0.00</b>

ISSUED AMT: NO PAY

Remarks:

1 - Claim/service lacks information which is needed for adjudication. [J20]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PJPBLGTFT03 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

Group Name: UNITED BENEFIT FUND

Product: Aetna Choice® POS II

Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81

Group Number: 0863860-10-151 I P1\$MED

Network ID: 00000



P.O. BOX 981106  
EL PASO TX 79998-1106  
USA

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PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

Printed: 05/22/2015  
Page: 3 of 6

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

Remarks:

1 - Claim/service lacks information which is needed for adjudication. [J20]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PJPBLGTF10 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	636		65,271.24			65,271.24	1				0.00
<b>TOTALS</b>				65,271.24			65,271.24					0.00

ISSUED AMT: NO PAY

Remarks:

1 - Claim/service lacks information which is needed for adjudication. [J20]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PJPBLGTF09 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	480		63,714.85			63,714.85	1				0.00
<b>TOTALS</b>				63,714.85			63,714.85					0.00

ISSUED AMT: NO PAY

Remarks:

1 - Claim/service lacks information which is needed for adjudication. [J20]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PJPBLGTF08 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	410		86,527.86			86,527.86	1				0.00
<b>TOTALS</b>				86,527.86			86,527.86					0.00



P.O. BOX 981106  
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USA

## Explanation Of Benefits

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXX7328  
NO PAY

HOBOKEN UNIVERSITY MEDICAL CENTER  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

### Notes:

Update your address, telephone number, e-mail address and/or NPI information by visiting our website.

**Patient Name:** [REDACTED] (self)

Claim ID: PJPBLGTF12 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	801		94,036.04			94,036.04	1				0.00
<b>TOTALS</b>				94,036.04			94,036.04					0.00

ISSUED AMT:

NO PAY

### Remarks:

1 - Claim/service lacks information which is needed for adjudication. [J20]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PJPBLGTF11 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	636		65,271.24			65,271.24	1				0.00
<b>TOTALS</b>				65,271.24			65,271.24					0.00

ISSUED AMT:

NO PAY

### Remarks:

1 - Claim/service lacks information which is needed for adjudication. [J20]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PJPBLGTF00 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	250		93,476.56			93,476.56	1				0.00
<b>TOTALS</b>				93,476.56			93,476.56					0.00



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Mailing Address:  
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PO BOX 824491  
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## Explanation Of Benefits

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

ISSUED AMT: NO PAY

### Remarks:

1 - Claim/service lacks information which is needed for adjudication. [J20]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PJPBLGTFT02 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 (P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	270		4,548.51			4,548.51	1				0.00
05/29-12/31/14	21	271		0.36			0.36	1				0.00
05/29-12/31/14	21	272		15,968.12			15,968.12	1				0.00
05/29-12/31/14	21	278		5,513.96			5,513.96	1				0.00
05/29-12/31/14	21	300		11,636.53			11,636.53	1				0.00
05/29-12/31/14	21	302		4,657.35			4,657.35	1				0.00
05/29-12/31/14	21	305		1,145.17			1,145.17	1				0.00
05/29-12/31/14	21	306		729.76			729.76	1				0.00
05/29-12/31/14	21	307		1,029.33			1,029.33	1				0.00
05/29-12/31/14	21	309		22,190.75			22,190.75	1				0.00
05/29-12/31/14	21	310		1,232.37			1,232.37	1				0.00
05/29-12/31/14	21	320		15,715.67			15,715.67	1				0.00
<b>TOTALS</b>				<b>84,367.88</b>			<b>84,367.88</b>					<b>0.00</b>

ISSUED AMT: NO PAY

### Remarks:

1 - Claim/service lacks information which is needed for adjudication. [J20]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PJPBLGTFT01 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 (P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	252		47,145.79			47,145.79	1				0.00
05/29-12/31/14	21	260		32,666.60			32,666.60	1				0.00
<b>TOTALS</b>				<b>79,812.39</b>			<b>79,812.39</b>					<b>0.00</b>

ISSUED AMT: NO PAY



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## Explanation Of Benefits

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Page: 1 of 6

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

### Notes:

Update your address, telephone number, e-mail address and/or NPI information by visiting our website.

**Patient Name:** (self)

Claim ID: PJPBLGTFT25 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: UNITED BENEFIT FUND  
Group Name: UNITED BENEFIT FUND

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 I P1\$ME0  
Network ID: 00000

Product: Aetna Choice® POS II  
Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	361		14,127.48			14,127.48	1				0.00
05/29-12/31/14	21	370		13,641.19			13,641.19	1				0.00
05/29-12/31/14	21	390		8,365.60			8,365.60	1				0.00
05/29-12/31/14	21	391		8,384.91			8,384.91	1				0.00
05/29-12/31/14	21	402		4,582.15			4,582.15	1				0.00
05/29/14	21	450		15,605.40			15,605.40	1				0.00
05/29-12/31/14	21	483		2,431.35			2,431.35	1				0.00
05/29-12/31/14	21	710		8,786.54			8,786.54	1				0.00
05/29-12/31/14	21	730		2,224.08			2,224.08	1				0.00
05/29-12/31/14	21	740		5,039.67			5,039.67	1				0.00
05/29-12/31/14	21	750		2,112.54			2,112.54	1				0.00
05/29-12/31/14	21	761		73.69			73.69	1				0.00
05/29-12/31/14	21	921		1,964.68			1,964.68	1				0.00
<b>TOTALS</b>				85,339.28			85,339.28					0.00

ISSUED AMT: NO PAY

### Remarks:

1 - This claim is a result of a correction of a previously submitted claim. [J51]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PJPBLGTFT24 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: UNITED BENEFIT FUND  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 I P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	801		94,036.04			94,036.04	1				0.00
<b>TOTALS</b>				94,036.04			94,036.04					0.00

ISSUED AMT: NO PAY

### Remarks:

1 - This claim is a result of a correction of a previously submitted claim. [J51]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)



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## Explanation Of Benefits

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Printed: 07/08/2015  
Page: 2 of 6

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

Claim ID: PJPBLGTFT13 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	250		93,476.56			93,476.56	1				0.00
<b>TOTALS</b>				93,476.56			93,476.56					0.00

ISSUED AMT: NO PAY

### Remarks:

1 - This claim is a result of a correction of a previously submitted claim. [J51]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PJPBLGTFT15 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	270		4,548.51			4,548.51	1				0.00
05/29-12/31/14	21	271		0.36			0.36	1				0.00
05/29-12/31/14	21	272		15,968.12			15,968.12	1				0.00
05/29-12/31/14	21	278		5,513.96			5,513.96	1				0.00
05/29-12/31/14	21	300		11,636.53			11,636.53	1				0.00
05/29-12/31/14	21	302		4,657.35			4,657.35	1				0.00
05/29-12/31/14	21	305		1,145.17			1,145.17	1				0.00
05/29-12/31/14	21	306		729.76			729.76	1				0.00
05/29-12/31/14	21	307		1,029.33			1,029.33	1				0.00
05/29-12/31/14	21	309		22,190.75			22,190.75	1				0.00
05/29-12/31/14	21	310		1,232.37			1,232.37	1				0.00
05/29-12/31/14	21	320		15,715.67			15,715.67	1				0.00
<b>TOTALS</b>				84,367.88			84,367.88					0.00

ISSUED AMT: NO PAY

### Remarks:

1 - This claim is a result of a correction of a previously submitted claim. [J51]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PJPBLGTFT14 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

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UBF-AETNA 000442

CONFIDENTIAL



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EL PASO TX 79998-1106  
USA

Mailing Address:  
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PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	252		47,145.79			47,145.79	1				0.00
05/29-12/31/14	21	260		32,666.60			32,666.60	1				0.00
<b>TOTALS</b>				<b>79,812.39</b>			<b>79,812.39</b>					<b>0.00</b>

ISSUED AMT: NO PAY

Remarks:

1 - This claim is a result of a correction of a previously submitted claim. [J51]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PJPBLGTFT23 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 | P1\$ME0  
Network ID: 00000

Product: Aetna Choice® POS II  
Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	636		65,271.24			65,271.24	1				0.00
<b>TOTALS</b>				<b>65,271.24</b>			<b>65,271.24</b>					<b>0.00</b>

ISSUED AMT: NO PAY

Remarks:

1 - This claim is a result of a correction of a previously submitted claim. [J51]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PJPBLGTFT22 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 | P1\$ME0  
Network ID: 00000

Product: Aetna Choice® POS II  
Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	636		65,271.24			65,271.24	1				0.00
<b>TOTALS</b>				<b>65,271.24</b>			<b>65,271.24</b>					<b>0.00</b>

ISSUED AMT: NO PAY

Remarks:

1 - This claim is a result of a correction of a previously submitted claim. [J51]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)



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## Explanation Of Benefits

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Page: 4 of 6

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

Claim ID: PJPBLGTF21 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

Group Name: UNITED BENEFIT FUND

Product: Aetna Choice® POS II

Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 | P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	301		58,696.78			58,696.78	1				0.00
05/29-12/31/14	21	351		6,265.28			6,265.28	1				0.00
05/29-12/31/14	21	352		4,252.07			4,252.07	1				0.00
05/29-12/31/14	21	360		22,454.18			22,454.18	1				0.00
<b>TOTALS</b>				91,668.29			91,668.29					0.00

ISSUED AMT: NO PAY

### Remarks:

1 - This claim is a result of a correction of a previously submitted claim. (J51)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PJPBLGTF20 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

Group Name: UNITED BENEFIT FUND

Product: Aetna Choice® POS II

Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 | P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	460		63,714.85			63,714.85	1				0.00
<b>TOTALS</b>				63,714.85			63,714.85					0.00

ISSUED AMT: NO PAY

### Remarks:

1 - This claim is a result of a correction of a previously submitted claim. (J51)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PJPBLGTF19 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

Group Name: UNITED BENEFIT FUND

Product: Aetna Choice® POS II

Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 | P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	410		86,527.86			86,527.86	1				0.00
<b>TOTALS</b>				86,527.86			86,527.86					0.00

ISSUED AMT: NO PAY



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## Explanation Of Benefits

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

Remarks:

1 - This claim is a result of a correction of a previously submitted claim. (J51)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PJPBLGTFT18 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 1 P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	410		86,527.86			86,527.86	1				0.00
<b>TOTALS</b>				86,527.86			86,527.86					0.00

ISSUED AMT: NO PAY

Remarks:

1 - This claim is a result of a correction of a previously submitted claim. (J51)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PJPBLGTFT17 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 1 P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	410		86,527.86			86,527.86	1				0.00
<b>TOTALS</b>				86,527.86			86,527.86					0.00

ISSUED AMT: NO PAY

Remarks:

1 - This claim is a result of a correction of a previously submitted claim. (J51)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PJPBLGTFT16 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 1 P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	301		58,696.79			58,696.79	1				0.00
05/29-12/31/14	21	324		23,797.52			23,797.52	1				0.00
<b>TOTALS</b>				82,494.31			82,494.31					0.00

Continued on Next Page



P.O. BOX 981106  
EL PASO TX 79998-1106  
USA

Mailing Address:  
HOBOKEN UNIVERSITY MEDICAL CENTER  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

**Explanation Of Benefits***Please Retain for Future Reference*

Printed: 07/08/2015  
Page: 6 of 6

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

**Patient Name:** [REDACTED] (self)

ISSUED AMT: NO PAY

**Remarks:**

1 - This claim is a result of a correction of a previously submitted claim. (J51)

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

**For Questions Regarding This Claim**

P.O. BOX 981106 EL PASO, TX 79998-1106

**CALL (888) 632-3862 FOR ASSISTANCE**

Note: All inquiries should reference the ID number above for prompt response.

Total Patient Responsibility: \$0.00

Claim Payment: \$0.00

Protecting the privacy of member health information is a top priority. When contacting us about this statement or for help with other questions, please be prepared to provide your provider number, tax identification number (TIN), or Social Security number (SSN), in addition to the member's ID number.



P.O. BOX 981106  
EL PASO TX 79998-1106  
USA

HOBOKEN UNIVERSITY MEDICAL CENTER  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

Printed: 12/16/2015  
Page: 1 of 2

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0008420275  
TIN: XXXXXXXX7328  
NO PAY

### Notes:

Update your address, telephone number, e-mail address and/or NPI information by visiting our website.

**Patient Name:** (self)

Claim ID: PK35LG5K500 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member:

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/01-04/14/15	21	250	999.0	-44,799.83			-40,433.38	1			-40,433.39	-4,366.44
								2				
01/01-04/14/15	21	251		-804.88			-804.88	1			-804.88	-0.00
01/01-04/14/15	21	252		-22,595.21			-22,595.21	1			-22,595.21	-0.00
01/01-04/14/15	21	255		-1.48			-1.48	1			-1.48	-0.00
01/01-04/14/15	21	258		-800.86			-800.86	1			-800.86	-0.00
<b>TOTALS</b>				-69,002.26			-64,635.82				-64,635.82	-4,366.44

ISSUED AMT: -\$4,366.44

### Remarks:

- This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]
- This is a fair payment for services covered by the plan. No balance billing allowed. [O52]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. [E73]  
This is a reversal of a previously paid claim. RREV

Claim ID: PK35LG5K513 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member:

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/01-04/14/15	21	250		44,799.83			44,799.83	1				0.00
01/01-04/14/15	21	251		804.88			804.88	1				0.00
01/01-04/14/15	21	252		22,595.21			22,595.21	1				0.00
01/01-04/14/15	21	255		1.48			1.48	1				0.00
01/01-04/14/15	21	258		800.86			800.86	1				0.00
<b>TOTALS</b>				69,002.26			69,002.26					0.00

ISSUED AMT: NO PAY

### Remarks:

- This claim is a result of a correction of a previously submitted claim. [J51]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. [E73]  
This is a correction of a previously paid claim. This correction resulted in an overpayment. RCOR

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P.O. BOX 981106  
EL PASO TX 79998-1106  
USA

Payment Address:  
HUMC OPCO, LLC  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

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Page: 17 of 31

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
Trace Number: 815217520000476  
Trace Amount: \$12,907.18

Patient Name: [REDACTED] (self)

Claim ID: PK35LG5K506 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 I P1\$ME0

Product: Aetna Choice@ POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/01-04/14/15	21	710		4,211.06			4,211.06	1			4,211.06	0.00
01/01-04/14/15	21	730		1,065.92			1,065.92	1			1,065.92	0.00
01/01-04/14/15	21	740		2,415.33			2,415.33	1			2,415.33	0.00
01/01-04/14/15	21	750		1,012.46			1,012.46	1			1,012.46	0.00
01/01-04/14/15	21	761		35.31			35.31	1			35.31	0.00
01/01-04/14/15	21	801		45,067.96			45,067.96	1			45,067.96	0.00
01/01-04/14/15	21	901		941.60			941.60	2			941.60	0.00
<b>TOTALS</b>				54,749.64			54,749.64				54,749.64	0.00

ISSUED AMT:

NO PAY

### Remarks:

- 1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]
- 2 - The service/procedure is not covered under the member's plan of benefits. [J56]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PK35LG5K505 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 I P1\$ME0

Product: Aetna Choice@ POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/01-04/14/15	21	460		30,536.15			30,536.15	1			30,536.15	0.00
01/01-04/14/15	21	483		1,165.25			1,165.25	1			1,165.25	0.00
01/01-04/14/15	21	636		62,564.14			62,564.14	1			62,564.14	0.00
<b>TOTALS</b>				94,265.54			94,265.54				94,265.54	0.00

ISSUED AMT:

NO PAY

### Remarks:

- 1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PK35LG5K504 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 I P1\$ME0

Product: Aetna Choice@ POS II

Network ID: 00000

Aetna Life Insurance Company

Continued on Next Page

UBF-AETNA 000448

CONFIDENTIAL



P.O. BOX 981106  
EL PASO TX 79998-1106  
USA

Payment Address:  
HUMC OPO, LLC  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXX7328  
Trace Number: 815217520000476  
Trace Amount: \$12,907.18

Patient Name: [REDACTED] (self)

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/01-04/14/15	21	410		62,204.36			62,204.36	1			62,204.36	0.00
<b>TOTALS</b>				62,204.36			62,204.36				62,204.36	0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. (J68)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PK35LG5K503 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 I P1\$ME0

Product: Aetna Choice@ POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/01-04/14/15	21	410		62,204.36			62,204.36	1			62,204.36	0.00
<b>TOTALS</b>				62,204.36			62,204.36				62,204.36	0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. (J68)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PK35LG5K502 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 I P1\$ME0

Product: Aetna Choice@ POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/01-04/14/15	21	302		2,232.10			2,232.10	1			2,232.10	0.00
01/01-04/14/15	21	305		548.83			548.83	1			548.83	0.00
01/01-04/14/15	21	306		349.74			349.74	1			349.74	0.00
01/01-04/14/15	21	307		493.32			493.32	1			493.32	0.00
01/01-04/14/15	21	309		10,635.20			10,635.20	1			10,635.20	0.00
01/01-04/14/15	21	310		590.63			590.63	1			590.63	0.00
01/01-04/14/15	21	320		7,531.93			7,531.93	1			7,531.93	0.00
01/01-04/14/15	21	324		11,405.26			11,405.26	1			11,405.26	0.00
01/01-04/14/15	21	351		3,002.72			3,002.72	1			3,002.72	0.00
01/01-04/14/15	21	352		2,037.86			2,037.86	1			2,037.86	0.00
01/01-04/14/15	21	361		6,770.77			6,770.77	1			6,770.77	0.00
01/01-04/14/15	21	370		6,537.71			6,537.71	1			6,537.71	0.00
01/01-04/14/15	21	390		3,050.80			3,050.80	1			3,050.80	0.00

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UBF-AETNA 000449

CONFIDENTIAL



P.O. BOX 981106  
EL PASO TX 79998-1106  
USA

Payment Address:  
HUMC OPCO, LLC  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

Printed: 08/05/2015  
Page: 19 of 31

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
Trace Number: 815217520000476  
Trace Amount: \$12,907.18

Patient Name: [REDACTED] (Self)

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/01-04/14/15	21	391		4,018.57			4,018.57	1			4,018.57	0.00
01/01-04/14/15	21	402		2,196.05			2,196.05	1			2,196.05	0.00
01/01-04/14/15	21	360		10,761.44			10,761.44	1			10,761.44	0.00
<b>TOTALS</b>				<b>72,162.93</b>			<b>72,162.93</b>				<b>72,162.93</b>	<b>0.00</b>

ISSUED AMT: NO PAY

Remarks:

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PK35LG5K501 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-11-151 I P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/01-04/14/15	21	260		15,855.88			15,855.88	1			15,855.88	0.00
01/01-04/14/15	21	270		2,179.93			2,179.93	1			2,179.93	0.00
01/01-04/14/15	21	271		0.17			0.17	1			0.17	0.00
01/01-04/14/15	21	272		7,652.92			7,652.92	1			7,652.92	0.00
01/01-04/14/15	21	278		2,642.64			2,642.64	1			2,642.64	0.00
01/01-04/14/15	21	300		5,576.95			5,576.95	1			5,576.95	0.00
01/01-04/14/15	21	301		56,262.35			56,262.35	1			56,262.35	0.00
<b>TOTALS</b>				<b>89,970.84</b>			<b>89,970.84</b>				<b>89,970.84</b>	<b>0.00</b>

ISSUED AMT: NO PAY

Remarks:

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PK35LG5K500 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-11-151 I P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/01-04/14/15	21	250	999.0	44,799.83			40,433.39	1			40,433.39	4,366.44
01/01-04/14/15	21	251		804.88			804.88	1			804.88	0.00
01/01-04/14/15	21	252		22,595.21			22,595.21	1			22,595.21	0.00
01/01-04/14/15	21	255		1.48			1.48	1			1.48	0.00

Continued on Next Page



P.O. BOX 981108  
EL PASO TX 78998-1108  
USA

Payment Address:  
HUMC OPCO, LLC  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

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Page: 20 of 31

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
Trace Number: 815217520000476  
Trace Amount: \$12,907.18

Patient Name: [REDACTED] (self)

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/01-04/14/15	21	258		800.86			800.86	1			800.86	0.00
<b>TOTALS</b>				68,002.26			64,635.82				64,635.82	4,366.44

ISSUED AMT: \$4,366.44

### Remarks:

- 1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]
  - 2 - This is a fair payment for services covered by the plan. No balance billing allowed. [O52]
- Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN19 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

Group Name: UNITED BENEFIT FUND

Product: Aetna Choice® POS II

Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81

Group Number: 0863860-10-151 | P1\$ME0

Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
09/30/14	21	202		18,000.00			18,000.00	1			18,000.00	0.00
10/01-10/04/14	21	202		72,000.00			72,000.00	1			72,000.00	0.00
<b>TOTALS</b>				90,000.00			90,000.00				90,000.00	0.00

ISSUED AMT: NO PAY

### Remarks:

- 1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]
- Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN18 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

Group Name: UNITED BENEFIT FUND

Product: Aetna Choice® POS II

Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81

Group Number: 0863860-10-151 | P1\$ME0

Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
09/25-09/29/14	21	202		90,000.00			90,000.00	1			90,000.00	0.00
<b>TOTALS</b>				90,000.00			90,000.00				90,000.00	0.00

ISSUED AMT: NO PAY

### Remarks:

- 1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]
- Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)



P.O. BOX 981106  
EL PASO TX 79988-1106  
USA

Mailing Address:  
HOBOKEN UNIVERSITY MEDICAL CENTER  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

Printed: 09/02/2015  
Page: 2 of 19

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

Claim ID: P8Y0KSWMQ22 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	301		58,696.79			58,696.79	1				0.00
05/29-12/31/14	21	324		23,797.52			23,797.52	1				0.00
<b>TOTALS</b>				82,494.31			82,494.31					0.00

ISSUED AMT: NO PAY

### Remarks:

1 - This claim is a result of a correction of a previously submitted claim. [J51]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P8Y0KSWMQ21 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	301		58,696.78			58,696.78	1				0.00
05/29-12/31/14	21	351		6,265.28			6,265.28	1				0.00
05/29-12/31/14	21	352		4,252.07			4,252.07	1				0.00
05/29-12/31/14	21	360		22,454.16			22,454.16	1				0.00
<b>TOTALS</b>				91,668.29			91,668.29					0.00

ISSUED AMT: NO PAY

### Remarks:

1 - This claim is a result of a correction of a previously submitted claim. [J51]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PK35LG5K508 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/01-04/14/15	21	710		4,211.06			4,211.06	1				0.00
01/01-04/14/15	21	730		1,065.92			1,065.92	1				0.00
01/01-04/14/15	21	740		2,415.33			2,415.33	1				0.00
01/01-04/14/15	21	750		1,012.46			1,012.46	1				0.00
01/01-04/14/15	21	761		35.31			35.31	1				0.00

Continued on Next Page

UBF-AETNA 000452

CONFIDENTIAL



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EL PASO TX 79998-1106  
USA

Mailing Address:  
HOBOKEN UNIVERSITY MEDICAL CENTER  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

Printed: 09/02/2015  
Page: 3 of 19

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/01-04/14/15	21	801		45,007.96			45,007.96	1				0.00
01/01-04/14/15	21	901		941.60			941.80	1				0.00
<b>TOTALS</b>				54,749.64			54,749.64					0.00

ISSUED AMT: NO PAY

Remarks:

1 - This claim is a result of a correction of a previously submitted claim. (J51)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PK35LG5K507 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-11-151 IP1\$ME0  
Network ID: 00000

Product: Aetna Choice® POS II

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/01-04/14/15	21	460		30,536.15			30,536.15	1				0.00
01/01-04/14/15	21	483		1,165.25			1,165.25	1				0.00
01/01-04/14/15	21	636		62,564.14			62,564.14	1				0.00
<b>TOTALS</b>				94,265.54			94,265.54					0.00

ISSUED AMT: NO PAY

Remarks:

1 - This claim is a result of a correction of a previously submitted claim. (J51)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PK35LG5K512 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-11-151 IP1\$ME0  
Network ID: 00000

Product: Aetna Choice® POS II

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/01-04/14/15	21	410		62,204.36			62,204.36	1				0.00
<b>TOTALS</b>				62,204.36			62,204.36					0.00

ISSUED AMT: NO PAY

Remarks:

1 - This claim is a result of a correction of a previously submitted claim. (J51)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

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UBF-AETNA 000453

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USA

Mailing Address:  
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PO BOX 824491  
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## Explanation Of Benefits

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Printed: 09/02/2015  
Page: 4 of 19

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

**Patient Name:** [REDACTED] (self)

Claim ID: PK35LG5K511 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/01-04/14/15	21	410		62,204.36			62,204.36	1				0.00
<b>TOTALS</b>				62,204.36			62,204.36					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This claim is a result of a correction of a previously submitted claim. [J51]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PK35LG5K510 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/01-04/14/15	21	302		2,232.10			2,232.10	1				0.00
01/01-04/14/15	21	305		548.83			548.83	1				0.00
01/01-04/14/15	21	306		349.74			349.74	1				0.00
01/01-04/14/15	21	307		493.32			493.32	1				0.00
01/01-04/14/15	21	309		10,635.20			10,635.20	1				0.00
01/01-04/14/15	21	310		590.63			590.63	1				0.00
01/01-04/14/15	21	320		7,531.93			7,531.93	1				0.00
01/01-04/14/15	21	324		11,405.26			11,405.26	1				0.00
01/01-04/14/15	21	351		3,002.72			3,002.72	1				0.00
01/01-04/14/15	21	352		2,037.86			2,037.86	1				0.00
01/01-04/14/15	21	361		6,770.77			6,770.77	1				0.00
01/01-04/14/15	21	370		6,537.71			6,537.71	1				0.00
01/01-04/14/15	21	390		3,050.80			3,050.80	1				0.00
01/01-04/14/15	21	391		4,018.57			4,018.57	1				0.00
01/01-04/14/15	21	402		2,196.05			2,196.05	1				0.00
01/01-04/14/15	21	360		10,761.44			10,761.44	1				0.00
<b>TOTALS</b>				72,162.93			72,162.93					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This claim is a result of a correction of a previously submitted claim. [J51]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Continued on Next Page



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PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

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Printed: 09/02/2015  
Page: 5 of 19

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: (self)

Claim ID: PK35LG5K509 Recd: 08/23/15 Member ID: W199669864 Patient Account: AAF65250

Member:  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-11-151 I P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/01-04/14/15	21	260		15,655.88			15,655.88	1				0.00
01/01-04/14/15	21	270		2,179.93			2,179.93	1				0.00
01/01-04/14/15	21	271		0.17			0.17	1				0.00
01/01-04/14/15	21	272		7,652.92			7,652.92	1				0.00
01/01-04/14/15	21	278		2,642.64			2,642.64	1				0.00
01/01-04/14/15	21	300		5,578.95			5,578.95	1				0.00
01/01-04/14/15	21	301		56,262.35			56,262.35	1				0.00
<b>TOTALS</b>				89,870.84			89,870.84					0.00

ISSUED AMT: NO PAY

Remarks:

1 - This claim is a result of a correction of a previously submitted claim. (J51)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P2Y0MH9KZ28 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member:  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-11-151 I P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
03/07-03/11/15	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

ISSUED AMT: NO PAY

Remarks:

1 - This claim is a result of a correction of a previously submitted claim. (J51)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P2Y0MH9KZ27 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member:  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-11-151 I P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
03/11-03/15/15	21	206		90,000.00			90,000.00	1				0.00
<b>TOTALS</b>				90,000.00			90,000.00					0.00

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HOBOKEN UNIVERSITY MEDICAL CENTER  
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## Explanation Of Benefits

Please Retain for Future Reference

Printed: 12/16/2015  
Page: 1 of 2

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

### Notes:

Update your address, telephone number, e-mail address and/or NPI information by visiting our website.

**Patient Name:** [REDACTED] (self)

Claim ID: PK35LG5K500 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/01-04/14/15	21	250	999.0	-44,799.83			-40,433.39	1			-40,433.39	-4,366.44
								2				
01/01-04/14/15	21	251		-804.88			-804.88	1			-804.88	-0.00
01/01-04/14/15	21	252		-22,595.21			-22,595.21	1			-22,595.21	-0.00
01/01-04/14/15	21	255		-1.48			-1.48	1			-1.48	-0.00
01/01-04/14/15	21	258		-800.86			-800.86	1			-800.86	-0.00
<b>TOTALS</b>				-69,002.26			-64,635.82				-64,635.82	-4,366.44

ISSUED AMT: -\$4,366.44

### Remarks:

- 1 - This amount represents the difference between the billed amount and the reasonable and customary rate. [J68]
- 2 - This is a fair payment for services covered by the plan. No balance billing allowed. [O52]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)  
This is a reversal of a previously paid claim. RREV

Claim ID: PK35LG5K513 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/01-04/14/15	21	250		44,799.83			44,799.83	1				0.00
01/01-04/14/15	21	251		804.88			804.88	1				0.00
01/01-04/14/15	21	252		22,595.21			22,595.21	1				0.00
01/01-04/14/15	21	255		1.48			1.48	1				0.00
01/01-04/14/15	21	258		800.86			800.86	1				0.00
<b>TOTALS</b>				69,002.26			69,002.26					0.00

ISSUED AMT: NO PAY

### Remarks:

- 1 - This claim is a result of a correction of a previously submitted claim. [J51]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)  
This is a correction of a previously paid claim. This correction resulted in an overpayment. RCOR



P.O. BOX 981106  
EL PASO TX 79998-1106  
USA

Mailing Address:  
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### Explanation Of Benefits

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Printed: 12/18/2015  
Page: 2 of 2

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

For Questions Regarding This Claim  
P.O. BOX 981106 EL PASO, TX 79998-1106

**CALL (888) 632-3862 FOR ASSISTANCE**

*Note: All inquiries should reference the ID number above for prompt response.*

Total Patient Responsibility: \$0.00  
Claim Payment: \$0.00

Protecting the privacy of member health information is a top priority. When contacting us about this statement or for help with other questions, please be prepared to provide your provider number, tax identification number (TIN), or Social Security number (SSN), in addition to the member's ID number.



P.O. BOX 981106  
EL PASO TX 79998-1106  
USA

Mailing Address:  
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PHILADELPHIA PA 19182-4491

### Explanation Of Benefits

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Printed: 09/25/2015  
Page: 16 of 36

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

ISSUED AMT: NO PAY

**Remarks:**

1 - This is a duplicate claim that has already been considered for payment. 114  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P1JLM6G7B00 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-151 I P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-06/02/14	21	202		83,376.60			83,376.60	1				0.00
<b>TOTALS</b>				83,376.60			83,376.60					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This is a duplicate claim that has already been considered for payment. 114  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PQTWN36DX08 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-11-151 I P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/01-05/22/15	21	801		69,078.97			69,078.97	1				0.00
<b>TOTALS</b>				69,078.97			69,078.97					0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This is a duplicate claim that has already been considered for payment. 114  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PQTWN36DX07 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-11-151 I P1\$ME0  
Network ID: 00000

Continued on Next Page

P.O. BOX 981106  
EL PASO TX 79998-1106  
USAMailing Address:  
HOBOKEN UNIVERSITY MEDICAL CENTER  
PO BOX 824491  
PHILADELPHIA PA 19182-4491**Explanation Of Benefits**

Please Retain for Future Reference

Printed: 09/25/2015  
Page: 17 of 36HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXX7328  
NO PAY**Patient Name:** [REDACTED] (self)

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/01-05/22/15	21	636		85,814.32			85,814.32	1				0.00
<b>TOTALS</b>				85,814.32			85,814.32					0.00

ISSUED AMT:

NO PAY

**Remarks:**

1 - This is a duplicate claim that has already been considered for payment. 114

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PQTWN36DX05 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 IP1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/01-05/22/15	21	410		79,689.09			79,689.09	1				0.00
<b>TOTALS</b>				79,689.09			79,689.09					0.00

ISSUED AMT:

NO PAY

**Remarks:**

1 - This is a duplicate claim that has already been considered for payment. 114

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PQTWN36DX05 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 IP1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/01-05/22/15	21	410		79,689.08			79,689.08	1				0.00
<b>TOTALS</b>				79,689.08			79,689.08					0.00

ISSUED AMT:

NO PAY

**Remarks:**

1 - This is a duplicate claim that has already been considered for payment. 114

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Continued on Next Page

UBF-AETNA 000459

CONFIDENTIAL



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USA

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## Explanation Of Benefits

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Page: 18 of 36

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

Claim ID: PQTWN36DX04 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/01-05/22/15	21	390		4,489.24			4,489.24	1				0.00
01/01-05/22/15	21	391		5,438.04			5,438.04	1				0.00
01/01-05/22/15	21	402		2,669.63			2,669.63	1				0.00
01/01-05/22/15	21	460		37,121.20			37,121.20	1				0.00
01/01-05/22/15	21	710		7,678.75			7,678.75	1				0.00
01/15-05/22/15	21	730		1,554.94			1,554.94	1				0.00
01/15-05/22/15	21	740		2,936.19			2,936.19	1				0.00
01/15-05/22/15	21	750		1,230.80			1,230.80	1				0.00
01/15-05/22/15	21	761		42.93			42.93	1				0.00
01/15-05/22/15	21	921		1,144.65			1,144.65	1				0.00
01/15-05/22/15	21	483		1,416.54			1,416.54	1				0.00
<b>TOTALS</b>				65,722.91			65,722.91					0.00

ISSUED AMT: NO PAY

### Remarks:

1 - This is a duplicate claim that has already been considered for payment. 114  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PQTWN36DX03 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/01-05/22/15	21	320		10,350.50			10,350.50	1				0.00
01/01-05/22/15	21	324		14,324.00			14,324.00	1				0.00
01/01-05/22/15	21	351		3,650.25			3,650.25	1				0.00
01/01-05/22/15	21	352		2,477.32			2,477.32	1				0.00
01/01-05/22/15	21	360		22,635.07			22,635.07	1				0.00
01/01-05/22/15	21	361		8,230.87			8,230.87	1				0.00
01/01-05/22/15	21	370		10,446.49			10,446.49	1				0.00
<b>TOTALS</b>				72,114.50			72,114.50					0.00

ISSUED AMT: NO PAY

### Remarks:

1 - This is a duplicate claim that has already been considered for payment. 114  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Continued on Next Page

UBF-AETNA 000460

CONFIDENTIAL



P.O. BOX 981106  
EL PASO TX 79998-1106  
USA

Mailing Address:  
HOBOKEN UNIVERSITY MEDICAL CENTER  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

Printed: 09/25/2015  
Page: 19 of 36

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

Claim ID: PQTWN36DX02 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/01-05/22/15	21	301		52,434.40			52,434.40	1				0.00
01/01-05/22/15	21	302		2,844.24			2,844.24	1				0.00
01/01-05/22/15	21	305		21,459.25			21,459.25	1				0.00
01/01-05/22/15	21	306		485.68			485.68	1				0.00
01/01-05/22/15	21	307		599.70			599.70	1				0.00
01/01-05/22/15	21	309		14,303.37			14,303.37	1				0.00
01/01-05/22/15	21	310		1,062.07			1,062.07	1				0.00
<b>TOTALS</b>				<b>93,188.71</b>			<b>93,188.71</b>					<b>0.00</b>

ISSUED AMT: NO PAY

Remarks:

1 - This is a duplicate claim that has already been considered for payment. 114  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PQTWN36DX01 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/01-05/22/15	21	258		1,049.57			1,049.57	1				0.00
01/01-05/22/15	21	260		19,032.04			19,032.04	1				0.00
01/01-05/22/15	21	270		4,519.51			4,519.51	1				0.00
01/01-05/22/15	21	271		0.42			0.42	1				0.00
01/01-05/22/15	21	272		13,458.90			13,458.90	1				0.00
01/01-05/22/15	21	278		7,526.80			7,526.80	1				0.00
01/01-05/22/15	21	300		8,055.09			8,055.09	1				0.00
<b>TOTALS</b>				<b>53,642.33</b>			<b>53,642.33</b>					<b>0.00</b>

ISSUED AMT: NO PAY

Remarks:

1 - This is a duplicate claim that has already been considered for payment. 114  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

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P.O. BOX 981106  
EL PASO TX 79998-1106  
USA

Mailing Address:  
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PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

Claim ID: PQTWN36DX00 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/01-05/22/15	21	250		59,365.56			59,365.56	1				0.00
01/01-05/22/15	21	251		980.42			980.42	1				0.00
01/01-05/22/15	21	252		30,453.05			30,453.05	1				0.00
01/01-05/22/15	21	255		1.80			1.80	1				0.00
<b>TOTALS</b>				90,800.83			90,800.83					0.00

ISSUED AMT: NO PAY

### Remarks:

1 - This is a duplicate claim that has already been considered for payment. 114

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PDPBLSGKL14 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	801		53,156.51			53,156.51	1				0.00
<b>TOTALS</b>				53,156.51			53,156.51					0.00

ISSUED AMT: NO PAY

### Remarks:

1 - This is a duplicate claim that has already been considered for payment. 114

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PDPBLSGKL13 Recd: 08/25/15 Member ID: W199669864 Patient Account: AAG26195

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	801		53,156.52			53,156.52	1				0.00
<b>TOTALS</b>				53,156.52			53,156.52					0.00

ISSUED AMT: NO PAY

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P.O. BOX 981106  
 EL PASO TX 79998-1106  
 USA

Mailing Address:  
 HOBOKEN UNIVERSITY MEDICAL CENTER  
 PO BOX 824491  
 PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

Printed: 08/05/2015  
 Page: 3 of 4

HOBOKEN UNIVERSITY MEDICAL CENTER  
 PIN: 0006420275  
 TIN: XXXXXXXX7328  
 NO PAY

Patient Name: [REDACTED] (self)

ISSUED AMT: NO PAY

### Remarks:

1 - Claim/service lacks information which is needed for adjudication. [J20]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PZABLQDZR02 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

Group Name: UNITED BENEFIT FUND

DIAG: 434.91, 431, 518.81

Group Number: 0863860-11-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/01-04/14/15	21	302		2,232.10			2,232.10	1				0.00
01/01-04/14/15	21	305		548.83			548.83	1				0.00
01/01-04/14/15	21	306		349.74			349.74	1				0.00
01/01-04/14/15	21	307		493.32			493.32	1				0.00
01/01-04/14/15	21	309		10,635.20			10,635.20	1				0.00
01/01-04/14/15	21	310		590.63			590.63	1				0.00
01/01-04/14/15	21	320		7,531.93			7,531.93	1				0.00
01/01-04/14/15	21	324		11,405.26			11,405.26	1				0.00
01/01-04/14/15	21	351		3,002.72			3,002.72	1				0.00
01/01-04/14/15	21	352		2,037.86			2,037.86	1				0.00
01/01-04/14/15	21	361		6,770.77			6,770.77	1				0.00
01/01-04/14/15	21	370		6,537.71			6,537.71	1				0.00
01/01-04/14/15	21	390		3,050.80			3,050.80	1				0.00
01/01-04/14/15	21	391		4,018.57			4,018.57	1				0.00
01/01-04/14/15	21	402		2,196.05			2,196.05	1				0.00
01/01-04/14/15	21	360		10,761.44			10,761.44	1				0.00
<b>TOTALS</b>				72,162.93			72,162.93					0.00

ISSUED AMT: NO PAY

### Remarks:

1 - Claim/service lacks information which is needed for adjudication. [J20]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PZABLQDZR01 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

Group Name: UNITED BENEFIT FUND

DIAG: 434.91, 431, 518.81

Group Number: 0863860-11-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/01-04/14/15	21	260		15,655.88			15,655.88	1				0.00
01/01-04/14/15	21	270		2,179.93			2,179.93	1				0.00
01/01-04/14/15	21	271		0.17			0.17	1				0.00

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P.O. BOX 981106  
EL PASO TX 79998-1106  
USA

Mailing Address:  
HOBOKEN UNIVERSITY MEDICAL CENTER  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

Printed: 06/05/2015  
Page: 2 of 4

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

Claim ID: PZABLQDZR00 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/01-04/14/15	21	250		44,799.83			44,799.83	1				0.00
01/01-04/14/15	21	251		804.88			804.88	1				0.00
01/01-04/14/15	21	252		22,595.21			22,595.21	1				0.00
01/01-04/14/15	21	255		1.48			1.48	1				0.00
01/01-04/14/15	21	258		800.86			800.86	1				0.00
<b>TOTALS</b>				69,002.26			69,002.26					0.00

ISSUED AMT: NO PAY

### Remarks:

1 - Claim/service lacks information which is needed for adjudication. [J20]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PZABLQDZR04 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/01-04/14/15	21	410		62,204.36			62,204.36	1				0.00
<b>TOTALS</b>				62,204.36			62,204.36					0.00

ISSUED AMT: NO PAY

### Remarks:

1 - Claim/service lacks information which is needed for adjudication. [J20]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PZABLQDZR03 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/01-04/14/15	21	410		62,204.36			62,204.36	1				0.00
<b>TOTALS</b>				62,204.36			62,204.36					0.00

Continued on Next Page



P.O. BOX 981106  
EL PASO TX 79998-1106  
USA

HOBOKEN UNIVERSITY MEDICAL CENTER  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

Printed: 06/05/2015  
Page: 1 of 4

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

### Notes:

Update your address, telephone number, e-mail address and/or NPI information by visiting our website.

**Patient Name:** [REDACTED] (self)

Claim ID: PZABLQDZR06 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

Group Name: UNITED BENEFIT FUND

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-11-151 I P1\$ME0  
Network ID: 00000

Product: Aetna Choice® POS II

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/01-04/14/15	21	710		4,211.06			4,211.06	1				0.00
01/01-04/14/15	21	730		1,065.92			1,065.92	1				0.00
01/01-04/14/15	21	740		2,415.33			2,415.33	1				0.00
01/01-04/14/15	21	750		1,012.46			1,012.46	1				0.00
01/01-04/14/15	21	781		35.31			35.31	1				0.00
01/01-04/14/15	21	801		45,067.96			45,067.96	1				0.00
01/01-04/14/15	21	901		941.60			941.60	1				0.00
<b>TOTALS</b>				54,749.64			54,749.64					0.00

ISSUED AMT: NO PAY

### Remarks:

1 - Claim/service lacks information which is needed for adjudication. [J20]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PZABLQDZR05 Recd: 05/04/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

Group Name: UNITED BENEFIT FUND

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-11-151 I P1\$ME0  
Network ID: 00000

Product: Aetna Choice® POS II

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/01-04/14/15	21	460		30,536.15			30,536.15	1				0.00
01/01-04/14/15	21	483		1,165.25			1,165.25	1				0.00
01/01-04/14/15	21	636		62,564.14			62,564.14	1				0.00
<b>TOTALS</b>				94,265.54			94,265.54					0.00

ISSUED AMT: NO PAY

### Remarks:

1 - Claim/service lacks information which is needed for adjudication. [J20]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Continued on Next Page



P.O. BOX 981106  
EL PASO TX 79998-1106  
USA

Mailing Address:  
HOBOKEN UNIVERSITY MEDICAL CENTER  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

Printed: 07/10/2015  
Page: 7 of 10

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

Claim ID: PZABLQDZR13 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/01-04/14/15	21	710		4,211.06			4,211.06	1				0.00
01/01-04/14/15	21	730		1,065.92			1,065.92	1				0.00
01/01-04/14/15	21	740		2,415.33			2,415.33	1				0.00
01/01-04/14/15	21	750		1,012.46			1,012.46	1				0.00
01/01-04/14/15	21	761		35.31			35.31	1				0.00
01/01-04/14/15	21	801		45,067.96			45,067.96	1				0.00
01/01-04/14/15	21	901		941.60			941.60	1				0.00
<b>TOTALS</b>				54,749.64			54,749.64					0.00

ISSUED AMT:

NO PAY

Remarks:

1 - This claim is a result of a correction of a previously submitted claim. [J51]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PZABLQDZR12 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/01-04/14/15	21	460		30,536.15			30,536.15	1				0.00
01/01-04/14/15	21	463		1,165.25			1,165.25	1				0.00
01/01-04/14/15	21	636		62,564.14			62,564.14	1				0.00
<b>TOTALS</b>				94,265.54			94,265.54					0.00

ISSUED AMT:

NO PAY

Remarks:

1 - This claim is a result of a correction of a previously submitted claim. [J51]

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PZABLQDZR11 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

Continued on Next Page

UBF-AETNA 000466

CONFIDENTIAL



P.O. BOX 981106  
EL PASO TX 79998-1106  
USA

Mailing Address:  
HOBOKEN UNIVERSITY MEDICAL CENTER  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

Printed: 07/10/2015  
Page: 8 of 10

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/01-04/14/15	21	410		62,204.36			62,204.36	1				0.00
<b>TOTALS</b>				62,204.36			62,204.36					0.00

ISSUED AMT: NO PAY

Remarks:

1 - This claim is a result of a correction of a previously submitted claim. [J51]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PZABLQDZR10 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-11-151 I P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/01-04/14/15	21	410		62,204.36			62,204.36	1				0.00
<b>TOTALS</b>				62,204.36			62,204.36					0.00

ISSUED AMT: NO PAY

Remarks:

1 - This claim is a result of a correction of a previously submitted claim. [J51]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PZABLQDZR09 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-11-151 I P1\$ME0  
Network ID: 00000

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/01-04/14/15	21	302		2,232.10			2,232.10	1				0.00
01/01-04/14/15	21	305		548.83			548.83	1				0.00
01/01-04/14/15	21	306		349.74			349.74	1				0.00
01/01-04/14/15	21	307		493.32			493.32	1				0.00
01/01-04/14/15	21	309		10,635.20			10,635.20	1				0.00
01/01-04/14/15	21	310		590.63			590.63	1				0.00
01/01-04/14/15	21	320		7,531.93			7,531.93	1				0.00
01/01-04/14/15	21	324		11,405.26			11,405.26	1				0.00
01/01-04/14/15	21	351		3,002.72			3,002.72	1				0.00
01/01-04/14/15	21	352		2,037.86			2,037.86	1				0.00
01/01-04/14/15	21	361		6,770.77			6,770.77	1				0.00
01/01-04/14/15	21	370		6,537.71			6,537.71	1				0.00
01/01-04/14/15	21	390		3,050.80			3,050.80	1				0.00

Continued on Next Page



P.O. BOX 981106  
EL PASO TX 79998-1106  
USA

**Mailing Address:**  
HOBOKEN UNIVERSITY MEDICAL CENTER  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

Printed: 07/10/2015  
Page: 9 of 10

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

**Patient Name:** [REDACTED] (self)

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/01-04/14/15	21	391		4,018.57			4,018.57	1				0.00
01/01-04/14/15	21	402		2,196.05			2,196.05	1				0.00
01/01-04/14/15	21	360		10,761.44			10,761.44	1				0.00
<b>TOTALS</b>				<b>72,162.93</b>			<b>72,162.93</b>					<b>0.00</b>

**ISSUED AMT: NO PAY**

**Remarks:**

1 - This claim is a result of a correction of a previously submitted claim. [J51]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PZABLQDZR08 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF85250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/01-04/14/15	21	260		15,655.88			15,655.88	1				0.00
01/01-04/14/15	21	270		2,179.93			2,179.93	1				0.00
01/01-04/14/15	21	271		0.17			0.17	1				0.00
01/01-04/14/15	21	272		7,652.92			7,652.92	1				0.00
01/01-04/14/15	21	278		2,642.64			2,642.64	1				0.00
01/01-04/14/15	21	300		5,576.95			5,576.95	1				0.00
01/01-04/14/15	21	301		56,282.35			56,282.35	1				0.00
<b>TOTALS</b>				<b>89,970.84</b>			<b>89,970.84</b>					<b>0.00</b>

**ISSUED AMT: NO PAY**

**Remarks:**

1 - This claim is a result of a correction of a previously submitted claim. [J51]  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PZABLQDZR07 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF85250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-11-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/01-04/14/15	21	250		44,789.83			44,789.83	1				0.00
01/01-04/14/15	21	251		804.88			804.88	1				0.00
01/01-04/14/15	21	252		22,595.21			22,595.21	1				0.00
01/01-04/14/15	21	255		1.48			1.48	1				0.00

Continued on Next Page



P.O. BOX 981106  
EL PASO TX 79998-1106  
USA

Mailing Address:  
HOBOKEN UNIVERSITY MEDICAL CENTER  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

## Explanation Of Benefits

Please Retain for Future Reference

Printed: 07/10/2015  
Page: 10 of 10

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
NO PAY

Patient Name: [REDACTED] (self)

SERVICE DATES	PL	SERVICE CODE	NUM. SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/01-04/14/15	21	258		800.86			800.86	1				0.00
<b>TOTALS</b>				69,002.26			69,002.26					0.00

ISSUED AMT: NO PAY

Remarks:

- 1 - This claim is a result of a correction of a previously submitted claim. (J51)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

For Questions Regarding This Claim  
P.O. BOX 981106 EL PASO, TX 79998-1106


**CALL (888) 632-3862 FOR ASSISTANCE**

Note: All inquiries should reference the ID number above for prompt response.

Total Patient Responsibility: \$0.00

Claim Payment: \$0.00

Protecting the privacy of member health information is a top priority. When contacting us about this statement or for help with other questions, please be prepared to provide your provider number, tax identification number (TIN), or Social Security number (SSN), in addition to the member's ID number.

	Aetna – Provider Resolution
	Appeals Team
	P.O. Box 14020
	Lexington, KY 40512
Or fax to: (859) 455-8650	


YOU MUST COMPLETE A SEPARATE APPLICATION FOR EACH CLAIM APPEALED SIGNATURE MUST BE COMPLETE AND LEGIBLE. THIS FORM MUST BE DATED.	
A. Provider Information	1. Provider Name: Leung, Dolan
	2. TIN/NPI: 270-444-414
	3. Provider Group (if applicable): GARDEN STATE HEALTHCARE ASSOCIATES
	4. Contact Name: SOWMYA BUDDWALA
	5. Title: MANAGER
6. Contact Address: PO BOX 20502, NEWARK, NJ - 07101	
7. Phone: 585-471-7718	
8. Fax: 610-672-9775	
9. Email: sowmyabuddwala@sutherlandglobal.com	
B. Patient Information	1. Patient Name: [REDACTED]
	2. Ins. ID: W189868864
	3. Did You Attach a copy of (check the appropriate response):
a. The assignment of benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
b. The Consent to Representation in Appeals of Utilization Management Determinations and Authorization to Release of Medical Records for UM Appeal and Arbitration of Claims? (Consent form is required for review of medical records if the matter goes to arbitration.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
C. Claim Information	1. Claim Number (if known): ERNQL3QMX01
	2. Date of Service : 03/27/2015
	3. Authorization Number:
	4. <input type="checkbox"/> Claim filing method (check only one):
	a. <input type="checkbox"/> electronic (submit a copy of the electronic acceptance report from Our clearinghouse or Us)
	b. <input type="checkbox"/> facsimile (submit a copy of the fax transmittal)
	c. <input checked="" type="checkbox"/> paper claim by mail or courier service (submit a copy of the delivery confirmation evidence)
	5. Check the reason(s) why you are filing this appeal (check all that apply and be specific about billing codes and reason for dispute):
	a. <input type="checkbox"/> Action has not been taken on this claim
	b. <input type="checkbox"/> Dispute of a denied claim → provide date of last processing <u>04/23/15</u>
c. <input type="checkbox"/> Claim was paid but not in a timely manner (provide more information):	
<input type="checkbox"/> Yes <input type="checkbox"/> No Additional information was requested? If yes, date: <u>   </u> / <u>   </u> / <u>   </u>	
<input type="checkbox"/> Yes <input type="checkbox"/> No Additional information provided? If yes, date: <u>   </u> / <u>   </u> / <u>   </u>	
<input type="checkbox"/> Yes <input type="checkbox"/> No Prompt Payment Interest paid correctly?	
d. <input type="checkbox"/> Claim was paid, but the amount paid is in dispute	
e. <input type="checkbox"/> Codes in dispute : <u>                    </u>	
f. <input type="checkbox"/> Dispute of an overpayment or the amount of overpayment (Attach a copy of overpayment request)	
g. <input type="checkbox"/> Dispute of carrier's offset amount against this claim (Attach a copy of A/R)	
D. Reason for Appeal (Required)	The claim has been underpaid, provider is non-participating with Aetna. Service is an emergency follow up .Kindly reprocess the claim for 100% allowed amount.

DOBICAPCAR 10/10

Page 1 of 3

0918150005

DCN: 150918077365 SEQ: 0918150005 LX

	Aetna – Provider Resolution Team P.O. Box 14020 Lexington, KY 40512 Or fax to: (859) 455-8650
	Provider Name: Garden state health care associates Contact Number: 585-471-7790 Member Name: <span style="background-color: black; color: black;">XXXXXXXXXX</span> DOS :03/27/15

**You may provide additional information in an attachment to explain why you are disputing Our handling of the claim. You must be specific about billing codes and reason for dispute.**

**The following should be submitted with your appeal (copies only):**

- The relevant claim form
- The relevant Explanation(s) of Benefits or Remittance Advice
- A statement specifying the line items that you are appealing
- Copies of any overpayment requests or A/R notice
- Information We previously requested that you have not yet submitted, if available
- Itemization of the provider contract provisions you believe We are not complying with, including a copy of the pertinent section of your contract
- Pertinent correspondence between you and Us on this matter
- A description of pertinent communications between you and Us on this matter that were not in writing
- Relevant sections of the National Correct Coding Initiative (NCCI) or other coding support you relied upon IF the dispute concerns the disposition of billing codes
- Other documents you may believe support your position in this dispute (this may include medical records)

Attachments: ☐ Yes ☐ No

Signature: sowmya buddwala Date: 09/03/15

### Important to Note

**In order to ensure your Internal Payment Appeal is eligible to meet processing requirements for the External Binding Arbitration Program**

- The Internal Appeal Form must be sent to the address posted on Our website;
- The Internal Appeal Form must have a complete signature (first and last name);
- The Internal Appeal Form Must be Dated;
- There is a signed and dated Consent to Representation in Appeals of UM Determinations and Authorization for release of Medical records in UM Appeals and Independent Arbitration of Claims Form

DOBICAPPCAR 10/10

Page 2 of 3

0918150005

DCN: 150918077365 SEQ: 0918150005 LX

11/07/2015  
301101316

**aetna**

AETNA  
PO BOX 14079  
LEXINGTON KY 40512-4079  
\*008508\*J101ABD\*018141\*

A00201377645

11/07/2015  
Page 1 of 3



ENV 1840 3 OF 6 P

HUMCO PCO, LLC  
P.O. Box 924491  
Philadelphia PA 19182-4491

RECEIVED  
NOV 17 2015

Sum of Overpayment: \$4,270.37  
Total Balance Due: \$4,270.37  
Letter ID: 000000006716999

Note: For specific Claim information please refer to the enclosed document.

Subject: Second Request

ATTENTION BILLING SUPERVISOR:

As a result of a routine review of claim payments, we previously notified you that there were some differences between the amount paid to you and the amount which should have been paid in accordance with our contracts/policies.

Please refer to the enclosed document for the overpayment reason for the claim(s) indicated.

Please issue a refund check payable to Aetna Life Insurance Company in the amount of the total balance due as stated above. Please include a copy of this letter and enclosure with your payment to ensure proper identification and credit to your file and send to the following address:

AETNA  
PO BOX 14079  
LEXINGTON KY 40512-4079

If you disagree with this request for recovery of overpayment, you may submit your written dispute, including the rationale, with a copy of the overpayment letter to the address at the top of this letter.

Since this is our FINAL request prior to taking extended action, we look forward to a response within 30 days. If you have mailed your payment please disregard this letter.

Our records indicate that the overpayment(s), as noted on the enclosed document, may be eligible to be offset from a future claims payment. If you would like us to go ahead and offset in lieu of sending a refund check, please sign and fax this letter to us with your approval at 860-754-2508. If payment, or a dispute, is not received within 30 days, we will attempt to recover the overpayment(s) that are eligible by offsetting a future payment.

Signature

Printed Name

Title

Date

Aetna is the brand name used for products and services provided by one or more of the Aetna group of companies. (Aetna)

PRND2

1124150005

DCN: 151124114554 SEQ: 1124150005 LX

**30F6B**

BNY 1840

If you have any questions, please contact our provider customer service center at 888-632-3862. Thank you for your operation.

## China National Accounts

ENCLOSURE 20200001000J1G1ABD130B

13741 5000E

CONFIDENTIAL

\*008528\*11G1A6D\*018142\*  
Letter ID#: 000000008718999  
Page 3 of 3

PS43002001

2013100700



4 OF 6 F

ENV 1840

Provider # (PVN or PIN): 6420276  
Provider NPI: 1328125147  
Patient Account #: AAF65250  
Member ID: 0000199689864  
Group #: 0863880

Provider Name: HOBOKEN UNIVERSITY MEDICAL CENTER

Patient Name: [REDACTED]  
Member Name: [REDACTED]  
Funding: Self Insured  
Product: Point of Service

Payment ID: 815217520000476  
Payment Date: 08/05/2015

Product Suppressed: N  
Check Cashed Date:

**Overpayment  
Details**

Benefit Plan:	\$4,270.37
Health Savings Account:	\$0.00
Flexible Spending Account:	\$0.00
Late Claim Interest:	\$0.00
Aetna Health Fund:	\$0.00
Late Claim Interest Penalty:	\$0.00

Original Overpayment Amount:	\$4,270.37
Overpayment Balance Due:	\$4,270.37

**Claim Details  
(Original and Corrected)**

	Original	Corrected
Date(s) of Service:	05/28/2014	05/29/2014
Claim Number:	P3TWL8HKN00	P3TWL8HKN49
Billed Amount:	\$84,000.00	\$84,000.00
Allowed Amount:	\$4,270.37	\$0.00
Member Responsibility Amount:	\$0.00	\$0.00
Paid Amount:	\$4,270.37	\$0.00

Overpayment ID: 000018763302

Overpayment Analyst: BRENDA SCHICK

Overpayment Reason: The same charges were processed twice. The original claim was processed under payment ID P8Y0KSWMQ00 on 08/05/2015.

Additional Comments:

1124150005

DCN: 151124114554 SEQ: 1124150005 LX

A00301377645

**aetna**AETNA  
PO BOX 14079  
LEXINGTON KY 40512-4079  
\*009528\*101ABD\*019235\*10/31/2015  
Page 1 of 3HUMC OPCO, LLC  
P.O. Box 824481  
Philadelphia PA 19182-4481Sum of Overpayment: \$4,366.44  
Total Balance Due: \$4,366.44  
Letter ID: 000000006695693

Note: For specific Claim information please refer to the enclosed document.

Subject: Second Request

ATTENTION BILLING SUPERVISOR:

As a result of a routine review of claim payments, we previously notified you that there were some differences between the amount paid to you and the amount which should have been paid in accordance with our contracts/policies.

Please refer to the enclosed document for the overpayment reason for the claim(s) indicated.

*Please issue a refund check payable to Aetna Life Insurance Company in the amount of the total balance due as stated above. Please include a copy of this letter and enclosure with your payment to ensure proper identification and credit to your file and send to the following address:*

AETNA  
PO BOX 14079  
LEXINGTON KY 40512-4079

If you disagree with this request for recovery of overpayment, you may submit your written dispute, including the rationale, with a copy of the overpayment letter to the address at the top of this letter.

Since this is our FINAL request prior to taking extended action, we look forward to a response within 30 days. If you have mailed your payment please disregard this letter.

Our records indicate that the overpayment(s), as noted on the enclosed document, may be eligible to be offset from a future claims payment. If you would like us to go ahead and offset in lieu of sending a refund check, please sign and fax this letter to us with your approval at 860-754-2508. If payment, or a dispute, is not received within 30 days, we will attempt to recover the overpayment(s) that are eligible by offsetting a future payment.

Signature

Printed Name

Title

Date

*Aetna is the brand name used for products and services provided by one or more of the Aetna group of companies. (Aetna)*

PRND2

1124150005

DCN: 151124114554 SEQ: 1124150005 LX

4 OF 7 B

ENV 2031

Sincerely,

**Aetna  
National Accounts**

**Enclosure**

81080-08V7 D1170d01 DC0012050008258000

**Aetna is the brand name used for products and services provided by one or more of the Aetna group of companies. (Aetna)**

PRND2

1124150005

DCN: 151124114554 SEQ: 1124150005 LX

'009528'J1G1ABD'018236'  
Letter ID#: 000000006895683  
Page 3 of 3

ENV 2031  
5 OF 7 F

Provider # (PVN or PIN): 8420275  
Provider NPI: 1326125147  
Patient Account #: AAF65250  
Member ID: 0000199689864  
Group #: 0863860

Provider Name: HOBOKEN UNIVERSITY MEDICAL CENTER

Patient Name: [REDACTED]  
Member Name: [REDACTED]  
Funding: Self Insured  
Product: Point of Service

Payment ID: 815217620000476  
Payment Date: 08/05/2015

Product Suppressed: N

Check Cashed Date:

**Overpayment  
Details**

Benefit Plan:	\$4,366.44
Health Savings Account:	\$0.00
Flexible Spending Account:	\$0.00
Late Claim Interest:	\$0.00
Aetna Health Fund:	\$0.00
Late Claim Interest Penalty:	\$0.00

**Claim Details  
(Original and Corrected)**

	Original	Corrected
Date(s) of Service:	01/01/2015	01/01/2015
Claim Number:	PK35LG5K500	PK35LG5K513
Billed Amount:	\$69,002.26	\$69,002.26
Allowed Amount:	\$4,366.44	\$0.00
Member Responsibility Amount:	\$64,635.82	\$0.00
Paid Amount:	\$4,366.44	\$0.00

Original Overpayment Amount: \$4,366.44  
Overpayment Balance Due: \$4,366.44

Overpayment ID: 000018761709

Overpayment Analyst: TRACI BUSHAW

Overpayment Reason: We received a revised bill which resulted in an incorrect payment.

Additional Comments:

1124150005

OCN: 151124114554 SEQ: 1124150005 LX

## **Documents Exceeding 999 Images**

**Attn: Aetna Processor. The attached documents were received as part of a larger submission. Therefore, documents were separated in order to facilitate imaging in to IOP.**

**DCN 1 of 2**

**Note: Documents exceeding 999 images that contain X-rays / Photos will not have sequential DCNs. In addition, there may be other scenarios in which the DCNs will not be sequential.**

**The first page was duplicated and placed with all subsequent DCNs.**

0420150001

DCN: 150420133264 SEQ: 0420150001 EP

**ChartFast** powered by ChartFast**Invoice for Medical Record Request**

Mail Checks to:

ChartFast  
46-28 Vernon Blvd Ste 428  
Long Island City NY 11101Email support@chartfast.com  
TAX ID: 45-5574875

Date: 10/13/14

Patient Name [REDACTED]

Description	Amount
Social Security Request	\$10.00
Total Amount Due	\$10.00

Thank you for your business

Make checks payable to ChartFast

0420150001

DCN: 150420133264 SEQ: 0420150001 EP

Patient Encounter(s) History Report Oct 13, 2014@10:53

(From: 05/29/14 --- Thru: 05/30/14)

Name : [REDACTED] MRN: 2014915  
DOB/SEX: [REDACTED] MALE ACT: 201377645  
HOSP : HOBOKEN UMC ADM: May 29,2014 08:58  
ATTENDING:

\*\*\*\*\* CONFIDENTIAL PROBLEM LIST SUMMARY \*\*\*\*\*

intracranial (432.9)

Onset:  
Status: ACTIVE  
SC Cond: UNKNOWN  
Exposure: None

Provider:  
Clinic:

Recorded: , by OLLERES, CESAR  
Entered: 6/21/14, by  
Updated: 6/21/14

=== END ===

Acute Respiratory Failure (518.81)

Onset: 5/29/14  
Status: ACTIVE  
SC Cond: UNKNOWN  
Exposure: None

Provider:  
Clinic:

Recorded: , by SUGUITAN, MONINA  
Entered: 6/27/14, by  
Updated: 6/27/14

=== END ===

\*\*\* END \*\*\*\*\* CONFIDENTIAL PROBLEM LIST SUMMARY \*\*\*\*\*

Name : [REDACTED]  
DOB/SEX: [REDACTED] MALE  
HOSP : HOBOKEN UMC  
ATTENDING:

MRN: 2014915  
ACT: 201377645  
ADM: May 29, 2014 08:58

\*\*\*\*\* CONFIDENTIAL ALLERGIES/ADVERSE REACTIONS SUMMARY \*\*\*\*\*

No Known Allergies

\*\*\* END \*\*\*\*\* CONFIDENTIAL ALLERGIES/ADVERSE REACTIONS SUMMARY \*\*\*\*\*

Page 2

0420150001

DCN: 150420153264 SEQ: 0420150001 EP

Name : [REDACTED]  
DOB/SEX : [REDACTED] MALE  
HOSP : HOBOKEN UMC  
ATTENDING:

MRN: 2014915  
ACT: 201377645  
ADM: May 29, 2014 08:58

## \*\*\*\*\* CONFIDENTIAL VITALS SUMMARY \*\*\*\*\*

Date/Time : 05/29/2014 9:47:00 am  
Temperature : 98.3 F (36.8 C)  
Pulse : 89  
Respiration : 24  
Pulse Ox. : 100  
Blood Pressure : 234/115+  
Weight : 220 lb (99.790 kg)  
Body Mass Index: 32.56+  
Height : 69 in (175.26 CM)  
Circumference/G:  
CVP cmH2O/mmHg :  
CVP mmHg :  
Input 24hr(cc) :  
Output 24hr(cc) :  
Pain : 0  
Hospital Loc : EMERGENCY DEPARTMENT  
User Name : MATEO, ROBERT  
===== END =====

Date/Time : 05/29/2014 10:00:00 am  
Temperature :  
Pulse : 107  
Respiration : 16  
Pulse Ox. : 100  
Blood Pressure : 181/86  
Weight :  
Body Mass Index:  
Height :  
Circumference/G:  
CVP cmH2O/mmHg :  
CVP mmHg :  
Input 24hr(cc) :  
Output 24hr(cc) :  
Pain : 0  
Hospital Loc : EMERGENCY DEPARTMENT  
User Name : MATEO, ROBERT  
===== END =====

Date/Time : 05/29/2014 10:16:00 am  
Temperature :  
Pulse : 119  
Respiration : 18  
Pulse Ox. : 100  
Blood Pressure : 162/89  
Weight :  
Body Mass Index:  
Height :  
Circumference/G:  
CVP cmH2O/mmHg :  
CVP mmHg :  
Input 24hr(cc) :  
Output 24hr(cc) :  
Pain :  
Hospital Loc : EMERGENCY DEPARTMENT  
User Name : MATEO, ROBERT  
===== END =====

Page 3

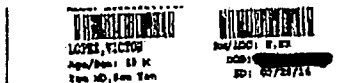
0420150001

DCN: 150420133264 SEQ: 0420150001 EP

Name : [REDACTED]  
 DOB/SEX : [REDACTED] MALE  
 HOSP : HOBOKEN UMC  
 ATTENDING:

MRN: 2014915  
 ACT: 201377645  
 ADM: May 29, 2014 08:58

JOB WILLOW AVENUE Hoboken, NJ 07030



#### GENERAL ADMISSION CONSENT

1. **CONSENT TO CARE:** I wish to be treated by and/or admitted to CarePoint Health Hoboken University Medical Center (the "Medical Center"). While I am a patient, I give permission to my doctor(s), the hospital employees, and all the persons caring for me to provide care in ways they judge are beneficial to me. I understand that this care may include tests, examinations and medical treatments. I understand that the Medical Center is a teaching hospital and that under the appropriate supervision, medical students, fellows and residents of the Medical Center, or other teaching affiliates may participate in my care and treatment, but I may decline such participation. I understand that no guarantee has been made to me about the outcome of this care. I hereby authorize the Medical Center to preserve and use for scientific and/or teaching purposes, or dispose of any specimens or tissues taken from my body during hospitalization and hereby waive any claim or right I may have in such specimens or tissues.

2. **INDEPENDENT PHYSICIANS:** I understand and agree that (i) the physicians who participate in my care and treatment at the Medical Center are independent contractors or private practitioners who have been granted the privilege of using Medical Center facilities for the care and treatment of their patients; (ii) these physicians are not the agent or employee of the Medical Center and (iii) The Medical Center is not in any way responsible for the judgment or conduct of any physicians providing medical services at the hospital. While physicians who practice at the Medical Center must be admitted to the staff and continue to meet certain educational and experience requirements, I agree that the Medical Center is not responsible for the care provided to my by them.

3. **PATIENT RIGHTS:** I acknowledge that I have received a copy of the New Jersey Patient Bill of Rights and Information on Advance Directives. **ADVANCED DIRECTIVE:** Federal and State law require hospitals to ask the following questions of all adult patients being registered to their facility. Do you have an Advance Directive or Living Will for healthcare?

Name of Healthcare Proxy:

Was a copy of the document provided at the time of registration? ☐ Yes/seen ☐ No

4. **RELEASE OF INFORMATION:** The Medical Center may see, release to and/or confirm, all or part of any financial and medical information, including information regarding psychological, psychiatric, HIV and related diagnosis, drug and/or alcohol related illness, with any person, corporation or government agency that is or may be responsible to the hospital, the patient, and family member or employer for all or part of the Medical Center's charges or verification of the same. I acknowledge that the Medical Center may be required to release patient information, to federal and state agencies that monitor healthcare facilities, as well as any industries that produce and/or manufacture medical products. I authorize the Medical Center to provide access to my medical information to any person or organization in order to facilitate the provision of post hospital care, treatment or services. I acknowledge the Medical Center may access patient information from the medical record for the purposes of research. I acknowledge that I may be contacted to participate in a research study and that I have the right to agree or decline to participate. I understand that limited information will be utilized for CarePoint Health Hoboken University Medical Center patient satisfaction surveys.

5. **PERSONAL VALUABLES:** I understand that the Medical Center and its employees are not responsible for the loss of, or damage to, any money, articles or personal property. I acknowledge that these items should be sent home with family and friends. I accept full responsibility for any items that I keep in my possession.

6. **AUTHORIZATION FOR TESTING:** In the event that any healthcare provider or first responder (including emergency medical service workers and police officers) involved in my care is exposed to my blood or bodily fluids and makes a request for testing and results of such testing, I consent to the drawing of blood for the purpose of testing it for various blood borne pathogens including, but not limited to Human Immunodeficiency Virus (HIV) and Hepatitis B and C. I understand and agree that the results of this blood test shall be released to me and the healthcare provider/first responder exposed to my blood or bodily fluids. To the extent possible, these results will be provided to the healthcare provider/first responder without disclosing my name.

7. **MEDICARE PATIENTS ONLY:** I certify that the information given in applying for payment under the Title XVIII of the Social Security Act is correct. I authorize any holder of medical or other information to release to the Social Security Administration and the Center for Medicare & Medicaid Services or its intermediaries or carriers any information needed for this or a related Medicare claim. I request that direct payment of authorized benefits be made on my behalf. I assign the benefits payable for physician services to the physician or organization furnishing the service or authorize such physician or organization to submit a claim to Medicare for payment.

8. **NEW JERSEY HOSPITAL CARE ASSISTANCE PROGRAM:** I have received a copy of the notice of New Jersey hospital care assistance program.

I have read the information contained above, any questions I had have been answered, and I understand its contents. I attest that my personal information provided to the Medical Center is correct. I understand that providing incorrect information for the purpose of avoiding payment or for any other reason may be considered a violation of state and/or federal law. Patients objecting to any statement in the Consent Form may put a line through that statement and initial it. This action indicates that the patient is deleting this statement and that their signature does not indicate consent or acknowledgment of that item. However, patients cannot delete their consent for treatment or items relating to their financial responsibility.

I understand that this form will be valid for the period of one year from the date signed for all outpatient services. I also understand that I have the right to ask questions at any time regarding my treatment, care or any terms contained on this consent. If I wish to revise my consent, I may do so by completing a new form or if I wish to withdraw my consent, I must do so in writing.

Signature of Patient: [REDACTED] Date: 5/29/14 Time: 9:11 AM  
 Signature of Healthcare Representative: [REDACTED] Date: 5/29/14 Time: 9:11 AM  
 (when patient is unable to give consent or is a minor)  
 Relationship to Patient: Physician  
 Witness Signature: [Signature] Date: 5/29/14 Time: 9:11 AM  
 Interpreter Name: [Signature] Interpreter ID# [Signature]  
☐ Approved Translation Service ☐ Physician ☐ Trained Staff Member



## ASSIGNMENT OF INSURANCE BENEFITS/DIRECT PAYMENT/AUTHORIZED REPRESENTATIVE/AGENT

1. The following information was obtained from the records of the Federal Bureau of Investigation, Department of Justice, and the Central Intelligence Agency, and is being furnished to you for your information. It is to be used for no other purpose than to provide you with the information requested in your letter of August 1, 1964, and is not to be distributed outside your office. It is to be destroyed when it is no longer needed for your use.

AUTHORIZES AND DIRECTS PAYMENT TO BE MADE BY ANY AND ALL COVERAGE(S) DIRECTLY TO THE HOSPITAL OF ALL BENEFITS, PAYMENTS, MONIES, CREDITS, FUNDS, WITH TRUSTS OR RECOVERY OF ANY KIND WHATSOEVER FROM ANY COVERAGE SOURCE. I ALSO AGREE TO ASSIST THE HOSPITAL IN FURNISHING PAYMENT FROM ANY COVERAGE SOURCE. THIS INCLUDES, WITHOUT LIMITATION, SIGNING DOCUMENTS REQUESTED ON BEHALF TO FURNISH CLAIMS AND APPEALS, GETTING DOCUMENTS FROM COVERAGE SOURCE, OR OTHERWISE TO SUPPORT PAYMENT TO THE HOSPITAL. I ALSO PERFECT AND AGREE THAT ANY PAYMENTS OF ANY KIND (P.D., CREDITS, FUNDS, PAYMENTS, MONIES, BENEFITS OR RECOVERY FROM COVERAGE OF SERVICES BY THE HOSPITAL, ILLA) BE MADE TO THE HOSPITAL TO PAY THE THIRD PARTY RESPONSIBLE FOR ME) WILL BE SENT AND TURNED OVER SOONEST BY ME TO THE HOSPITAL, THROUGH WHATEVER MEANS IS AVAILABLE WITHOUT LIMITATION, AND I AGREE TO SIGN ANY NECESSARY ENDORSEMENT AGREEING TO ANY CREDIT AND/OR OTHER DOCUMENTS TO THE HOSPITAL. I ALSO UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR CLAIMS/LOS WITH PAID ACCORDING TO THIS PROVISION, TO THIS DATE, EXTENT PERMITTED BY LAW.

I HEREBY AUTHORIZE AND DESIGNATE THIS HOSPITAL AS MY AUTHORIZED AGENT AND REPRESENTATIVE TO ACT ON MY BEHALF WITH RESPECT TO ALL MATTERS RELATED TO ALL OF MY RIGHTS, BENEFITS, PRIVILEGES, PROTECTIONS, CLAIMS, CAUSES OF ACTION, INTERESTS OR OTHERWISE ARISING OUT OF ANY COVERAGE SOURCE. THIS INCLUDES, WITHOUT LIMITATION, THE HOSPITAL REQUESTING VERIFICATION OF COVERAGE/RE CERTIFICATION AND IDENTIFICATION, FILING PRE-EXISTING AND POST-EXISTING CLAIMS AND APPEALS, RECEIVING ALL INFORMATION, DOCUMENTATION, FINANCIAL PLAN DESCRIPTIONS, BARGAINING AGREEMENTS, TRUST AGREEMENTS, CONTRACTS, AND ANY INSTRUMENTS UNDER WHICH THE PLAN IS ESTABLISHED OR OPERATED, AS WELL AS RECEIVING ANY POLICIES, PROCEDURES, RULES, GUIDELINES, PROTOCOLS OR OTHER CRITERIA CONCERNED BY THE COVERAGE SOURCE, IN CONNECTION WITH ANY CLAIMS, APPEALS, OR NOTIFICATIONS RELATED TO CLAIMS OR APPEALS.

### STATEMENT OF FINANCIAL RESPONSIBILITY

I UNDERSTAND THAT I AM FINANCIALLY AND LEGALLY RESPONSIBLE FOR CHARGES NOT COVERED IN FULL BY ANY THIRD PARTY, TO THE FULL EXTENT PERMITTED BY LAW. I FURTHER AGREE THAT SHOULD I NOT PAY ANY BALANCE DUEIN MY ENTIRETY WITHIN THIRTY (30) DAYS AFTER THE DATE OF DISCHARGE, MY ACCOUNT WILL BE CONSIDERED DELINQUENT. I AGREE TO PAY COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES AND COSTS, COLLECTION AGENCY FEES AND COSTS, AND INTEREST WHICH I SHALL ACCRUE AT THE MAXIMUM RATE ALLOWED BY LAW.

### CONSTITUTIONAL

BY PROVIDING US WITH YOUR LANDLINE OR CELL PHONE NUMBER(S), YOU GIVE YOUR CONSENT FOR US, OUR AGENTS, AND TO OUR COLLECTION AGENTS, TO CONTACT YOU AT THESE NUMBERS, OR AT ANY NUMBER THAT IS LATER ACQUIRED FOR YOU, AND TO LEAVE VOICED OR PRE-RECORDED MESSAGES REGARDING ANY ACCOUNTS OR SERVICES. FOR GREATER EFFICIENCY, CALLS MAY BE DELIVERED BY AN AUTODIALER.

### RELAXIFICATION REQUIREMENTS

I UNDERSTAND THAT IF I DO NOT COMPLY WITH MY INSURANCE POLICY PRE-CERTIFICATION REQUIREMENTS OR IF ANY SERVICE IS NOT CERTIFIED, THEN I MAY NOT BE ENTITLED TO INSURANCE BENEFITS. IN THAT EVENT, I MAY BE RESPONSIBLE FOR ANY AND ALL CHARGES OF THE MEDICAL CENTER AT THE REGULAR RATES AS SET FORTH IN PARAGRAPH 7.

### DISCUSSION

UNDESTAND THAT THE MEDICAL CENTER'S CHARGES DO NOT INCLUDE THE FEES OF THE PATIENT'S TREATING PHYSICIANS, IF APPLICABLE. I UNDERSTAND THAT I WILL RECEIVE A SEPARATE BILL FOR THESE SERVICES AND SUCH BILL MAY COME DIRECTLY FROM THE PHYSICIANS, SUCH AS A CHIEF OF CLINICAL SERVICE, A CONSULTANT, AN INTERVIST, NURSE, AND OTHER SPECIALISTS. MY INSURANCE COVERAGE, IF ANY, COULD BE BENEFIT PAYABLE FOR TREATMENT BY THE PATIENT'S TREATING PHYSICIANS MAY VARY FROM THE LEVEL OF INSURANCE BENEFITS PAYABLE FOR TREATMENT PROVIDED BY THE MEDICAL CENTER. IT IS MY RESPONSIBILITY TO DETERMINE THE EXTENT OF MY INSURANCE COVERAGE FOR TREATMENT BY ANY TREATING PHYSICIAN AT THE MEDICAL CENTER.

UNLESS OTHERWISE REVOKED BY ME, THIS AUTHORIZATION IS CONSIDERED VALID FOR (6) MONTHS FROM THE DATE BELOW. I UNDERSTAND THAT REVOCATION MAY NOT BE MADE IF ACTION HAS ALREADY BEEN TAKEN IN RELIANCE ON THIS AUTHORIZATION. I ALSO UNDERSTAND THAT THIS CONSENT SHALL OPERATE AS A COMPLETE RELEASE OF LIABILITY TO THE HOSPITAL, AND THE PHYSICIANS AND THEIR EMPLOYEES AND AGENTS FOR THE RELEASE OF INFORMATION AS STATE ABOVE.

IN WITNESS WHEREOF, THE UNDERSIGNED HAVE HERINTO SET THEIR HANDS

WITNESS SIGNATURE: [Signature] PATIENT SIGNATURE: [Signature]

IF PATIENT IS UNABLE TO CONSENT OR IS A MINOR, COMPLETE THE FOLLOWING

( ) PATIENT IS MINOR OF \_\_\_\_\_ YEARS OF AGE. ( ) INABLE TO CONSENT BECAUSE:

( ) PATIENT IS MINOR OF 17 YEARS OF AGE. ( ) MINORABLE TO CONSENT BECAUSE: 17

0420150001

DOC#: 150420133264 SEQ: 0420150001 EP

Name : [REDACTED] MRN: 2014915  
DOB/SEX: [REDACTED] MALE ACT: 201377645  
HOSP : HOBOKEN UMC ADM: May 29, 2014 06:58  
ATTENDING:

- Clerk Verified: KOZEL, KATHLEEN (UNIT CLERK) on 06/20/2014 09:10  
- Chart Reviewed: OLLERES, CESAR (REGISTERED NURS) on 06/20/2014  
20:20

06/20/14 15:20 dc CHU, DANIEL 06/20/14 15:20 08/19/14 07:35  
ELECTRONICALLY ENTERED ELECTRONIC  
Treating Specialty: MED/SURG  
Ordering Location: 4ICU  
Nurse Verified: COLBERT, ERIKA (REGISTERED NURS) on 06/20/2014 15:36  
Chart Reviewed: OLLERES, CESAR (REGISTERED NURS) on 06/20/2014 20:20  
- Activity:  
- 06/20/2014 15:20 New Order entered by CHU, DANIEL (PHYSICIAN)  
- Order Text: Transfer Patient  
- 4 North Telemetry  
- Nature of Order: ELECTRONICALLY ENTERED  
- Elec Signature: CHU, DANIEL (PHYSICIAN) on 06/20/2014 15:20  
- Nurse Verified: COLBERT, ERIKA (REGISTERED NURS) on 06/20/2014  
15:36  
- Chart Reviewed: OLLERES, CESAR (REGISTERED NURS) on 06/20/2014  
20:20  
- 08/19/2014 07:35 Auto-Discontinued by CPRS  
- Patient Movement: DISCHARGE on 08/17/2014 24:00 from MED/SURG on 4NO

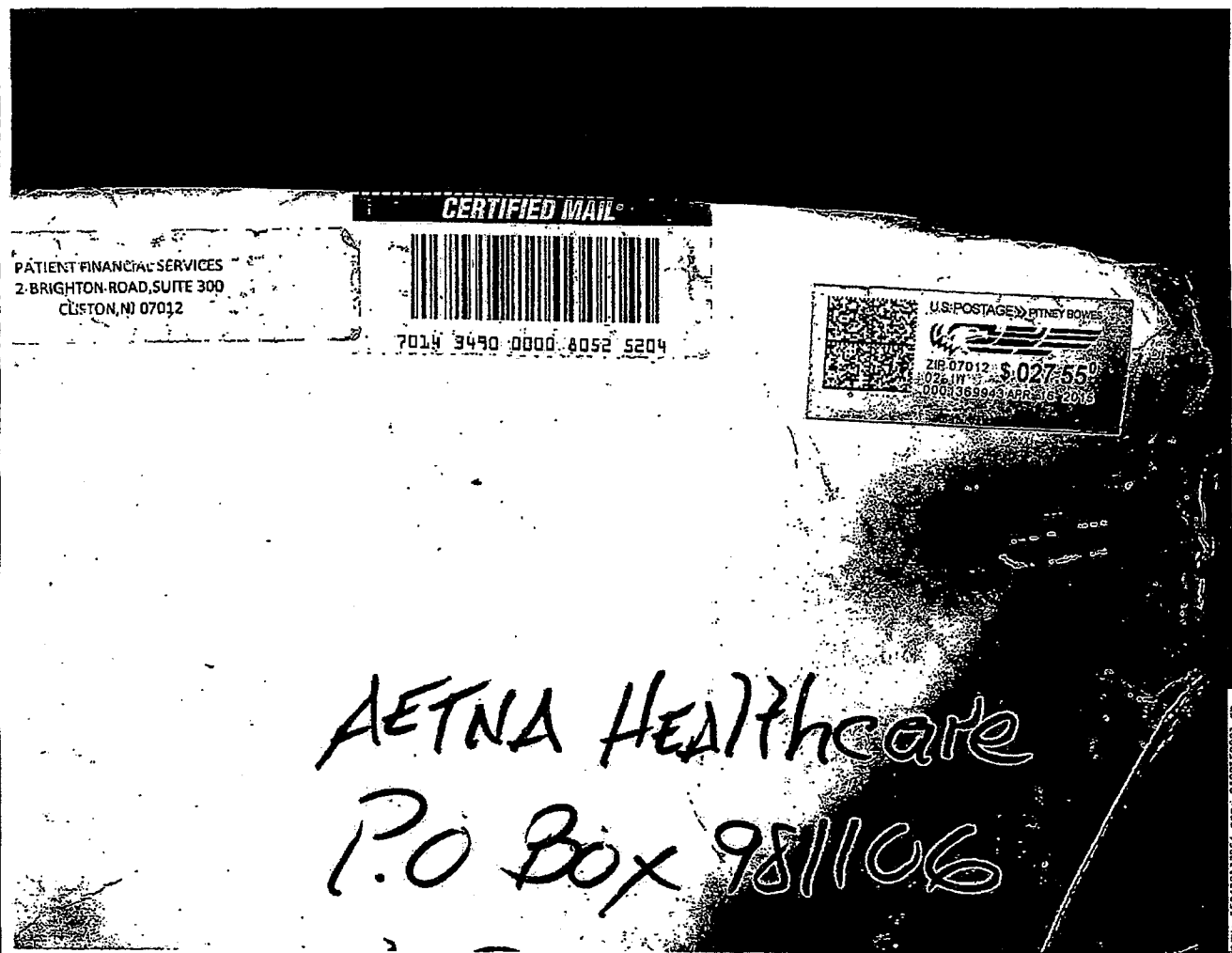
06/20/14 16:13 c CHU, DANIEL 06/20/14 16:57 06/22/14 11:39  
ELECTRONICALLY ENTERED ELECTRONIC  
Treating Specialty: MED/SURG  
Ordering Location: 4ICU  
Nurse Verified: COLBERT, ERIKA (REGISTERED NURS) on 06/20/2014 17:05  
Chart Reviewed: OLLERES, CESAR (REGISTERED NURS) on 06/20/2014 20:20  
- Activity:  
- 06/20/2014 16:13 New Order entered by CHU, DANIEL (PHYSICIAN)  
- Order Text: CULTURE URINE URINE MID STREAM WC ONCE  
- Nature of Order: ELECTRONICALLY ENTERED  
- Elec Signature: CHU, DANIEL (PHYSICIAN) on 06/20/2014 16:16  
- Nurse Verified: COLBERT, ERIKA (REGISTERED NURS) on 06/20/2014  
17:05  
- Chart Reviewed: OLLERES, CESAR (REGISTERED NURS) on 06/20/2014  
20:20

06/20/14 16:14 c CHU, DANIEL 06/20/14 16:57 06/26/14 13:02  
ELECTRONICALLY ENTERED ELECTRONIC  
Treating Specialty: MED/SURG  
Ordering Location: 4ICU  
Nurse Verified: COLBERT, ERIKA (REGISTERED NURS) on 06/20/2014 17:05  
Chart Reviewed: OLLERES, CESAR (REGISTERED NURS) on 06/20/2014 20:20  
- Activity:  
- 06/20/2014 16:14 New Order entered by CHU, DANIEL (PHYSICIAN)  
- Order Text: CULTURE RESPIRATORY SPUTUM. WC ONCE  
- Nature of Order: ELECTRONICALLY ENTERED  
- Elec Signature: CHU, DANIEL (PHYSICIAN) on 06/20/2014 16:16  
- Nurse Verified: COLBERT, ERIKA (REGISTERED NURS) on 06/20/2014  
17:05

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0420150001

DCN: 150420133264 SEQ: 0420150001 EP



CONFIDENTIAL

UBF-AETNA 001133

CONFIDENTIAL

ECHS - Electronic Correspondence Handling System

Page 1 of 1

<b>Worktask ID:</b> EW201504200055349		Select Audit Point to View: <b>CURRENT</b> dated 0507201	
<b>Status:</b> TRANSFERRED		<b>Reason:</b> TRANSFER TO PATIENT MNGNT	
<b>Aetna Received Date:</b>	04/20/2015	<b>Type:</b>	MEDICAL
<b>Category:</b>	NEW CLAIM	<b>Indexed ID:</b>	W199669864
<b>Ctl/Group #:</b>	863860	<b>Subscriber ID:</b>	XXXXXX0664
<b>Market Segment:</b>	NATIONAL ACCOUNTS	<b>Subscr First Name:</b>	[REDACTED]
<b>Office Key:</b>	153	<b>Subscr Last Name:</b>	[REDACTED]
<b>Product:</b>	MANAGED CHOICE	<b>Subscr Zip Code:</b>	07030
<b>Reference ID:</b>		<b>Date of Service:</b>	05/29/2014
<b>Region:</b>	NAT DIRECT	<b>Patient Date of Birth:</b>	[REDACTED]
<b>Provider TIN:</b>	XXXXX7328	<b>Patient Relationship:</b>	INSURED
<b>Provider Zip Code:</b>	07030	<b>Patient First Name:</b>	[REDACTED]
<b>Provider State:</b>			
<b>Provider First Name:</b>	HOBOKEN		
<b>Provider Last Name:</b>	UNIVERSITY MEDICAL CENTER		
<b>Provider PIN:</b>	6420275		
<b>Primary Specialty:</b>			
<b>Importance:</b>			
<b>DCN:</b>	<b>Copy:</b>	<b>Received:</b>	<b>Source:</b>
150420133264		04/20/2015	PO BOX
		<b>Historical Notes</b> 05/07/2015 03:31 PM HENDERSON,HOLLY medical records that debra wilson, clinical te lead with aetna, on the manhattan team, requested received here. she is reviewing precertification for this member and this inpatient stay. 04/30/2015 02:26 PM WILLIAMS,TINA L not on file	
		<b>My Notes</b> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>	
		<div style="display: flex; justify-content: flex-end; gap: 10px;"> <span>Add Notes</span> <span>Close</span> </div>	

[illegible]

## **Documents Exceeding 999 Images**

**Attn: Aetna Processor. The attached documents were received as part of a larger submission. Therefore, documents were separated in order to facilitate imaging in to IOP.**

DCN 2 of 2

**Note: Documents exceeding 999 images that contain X-rays / Photos will not have sequential DCNs. In addition, there may be other scenarios in which the DCNs will not be sequential.**

**The first page was duplicated and placed with all subsequent DCNs.**

0420150002

DCN: 150420133265 SEQ: 0420150002 EP

Name : [REDACTED]  
DOB/SEX: [REDACTED] MALE  
HOSP : HOBOKEN UMC  
ATTENDING:

MRN: 2014915  
ACT: 201377645  
ADM: May 29, 2014 08:58

Treating Specialty: MED/SURG  
Ordering Location: 4ICU  
Nurse Verified: COLBERT, ERIKA (REGISTERED NURS) on 06/20/2014 16:54  
Chart Reviewed: OLLERES, CESAR (REGISTERED NURS) on 06/20/2014 20:21  
Nurse Verified: COLBERT, ERIKA (REGISTERED NURS) on 06/20/2014 16:54  
Chart Reviewed: OLLERES, CESAR (REGISTERED NURS) on 06/20/2014 20:21  
- Activity:  
- 06/20/2014 16:15 New Order entered by CHU, DANIEL (PHYSICIAN)  
- Order Text: VANCOMYCIN INJ  
- 500MG/1VIAL IVPB Q12H  
- Nature of Order: ELECTRONICALLY ENTERED  
- Elec Signature: CHU, DANIEL (PHYSICIAN) on 06/20/2014 16:16  
- Nurse Verified: COLBERT, ERIKA (REGISTERED NURS) on 06/20/2014 16:54  
- Chart Reviewed: OLLERES, CESAR (REGISTERED NURS) on 06/20/2014 20:21  
- 06/20/2014 16:24 Change entered by ARUCA, CATHY (REGISTERED PHAR)  
- Changed to: VANCOMYCIN INJ  
- .5 GM IVPB Q12H  
- Nature of Order: SERVICE CORRECTION  
- Signature: SERVICE CORRECTION TO SIGNED ORDER  
- Nurse Verified: COLBERT, ERIKA (REGISTERED NURS) on 06/20/2014 16:54  
- Chart Reviewed: OLLERES, CESAR (REGISTERED NURS) on 06/20/2014 20:21

06/20/14 16:17 e CHU, DANIEL 06/20/14 17:00 06/25/14 07:00  
SERVICE CORRECTION SERVICE CORRECTION to signed order  
Treating Specialty: MED/SURG  
Ordering Location: 4ICU  
Nurse Verified: COLBERT, ERIKA (REGISTERED NURS) on 06/20/2014 16:57  
Chart Reviewed: OLLERES, CESAR (REGISTERED NURS) on 06/20/2014 20:21  
Nurse Verified: COLBERT, ERIKA (REGISTERED NURS) on 06/20/2014 16:57  
Chart Reviewed: OLLERES, CESAR (REGISTERED NURS) on 06/20/2014 20:21  
- Activity:  
- 06/20/2014 16:15 New Order entered by CHU, DANIEL (PHYSICIAN)  
- Order Text: CEFEPIME INJ, PWDR  
- 1GM/1VIAL IV Q8H  
- Nature of Order: ELECTRONICALLY ENTERED  
- Elec Signature: CHU, DANIEL (PHYSICIAN) on 06/20/2014 16:16  
- Nurse Verified: COLBERT, ERIKA (REGISTERED NURS) on 06/20/2014 16:57  
- Chart Reviewed: OLLERES, CESAR (REGISTERED NURS) on 06/20/2014 20:21  
- 06/20/2014 16:17 Change entered by ARUCA, CATHY (REGISTERED PHAR)  
- Changed to: CEFEPIME INJ, PWDR  
- 1 GM IVPB Q8H  
- Nature of Order: SERVICE CORRECTION  
- Signature: SERVICE CORRECTION TO SIGNED ORDER  
- Nurse Verified: COLBERT, ERIKA (REGISTERED NURS) on 06/20/2014 16:57  
- Chart Reviewed: OLLERES, CESAR (REGISTERED NURS) on 06/20/2014 20:21

Name : [REDACTED] MRN: 2014915  
DOB/SEX: [REDACTED] MALE ACT: 201377645  
HOSP : ROBOKEN UMC ADM: May 29, 2014 08:58  
ATTENDING:

06/20/14 16:15 e CHU, DANIEL 06/20/14 21:00 06/25/14 07:00  
ELECTRONICALLY ENTERED ELECTRONIC  
Treating Specialty: MED/SURG  
Ordering Location: 4ICU  
Nurse Verified: COLBERT, ERIKA (REGISTERED NURS) on 06/20/2014 16:57  
Chart Reviewed: OLLERES, CESAR (REGISTERED NURS) on 06/20/2014 20:21  
- Activity:  
- 06/20/2014 16:15 New Order entered by CHU, DANIEL (PHYSICIAN)  
- Order Text: CIPROFLOXACIN 400MG/DEXTROSE INJ, SOLN  
400MG IVPB Q12H  
- Nature of Order: ELECTRONICALLY ENTERED  
- Elec Signature: CHU, DANIEL (PHYSICIAN) on 06/20/2014 16:16  
- Nurse Verified: COLBERT, ERIKA (REGISTERED NURS) on 06/20/2014  
16:57  
- Chart Reviewed: OLLERES, CESAR (REGISTERED NURS) on 06/20/2014  
20:21

06/21/14 01:56 c EMUWA, CHINENYE 06/21/14 05:41:11 06/21/14 05:42  
TELEPHONED ELECTRONIC  
Treating Specialty: MED/SURG  
Ordering Location: 4ICU  
Nurse Verified: OLLERES, CESAR (REGISTERED NURS) on 06/21/2014 01:58  
Chart Reviewed: OLLERES, CESAR (REGISTERED NURS) on 06/21/2014 01:58  
- Activity:  
- 06/21/2014 01:56 New Order entered by OLLERES, CESAR (REGISTERED NURS)  
- Order Text: ABG & CO-OXIMETER ARTERIAL BLOOD WC ONCE  
- Nature of Order: TELEPHONE ORDER/READBACK VERIFIED  
- Released by: OLLERES, CESAR (REGISTERED NURS) on 06/21/2014  
01:58  
- Elec Signature: EMUWA, CHINENYE (PHYSICIAN) on 06/21/2014 04:01  
- Nurse Verified: OLLERES, CESAR (REGISTERED NURS) on 06/21/2014  
01:58  
- Chart Reviewed: OLLERES, CESAR (REGISTERED NURS) on 06/21/2014  
01:58

06/21/14 05:59 dc EMUWA, CHINENYE 06/21/14 05:59 08/19/14 07:35  
TELEPHONED ELECTRONIC  
Treating Specialty: MED/SURG  
Ordering Location: 4ICU  
Nurse Verified: OLLERES, CESAR (REGISTERED NURS) on 06/21/2014 06:00  
Chart Reviewed: OLLERES, CESAR (REGISTERED NURS) on 06/21/2014 06:00  
- Activity:  
- 06/21/2014 05:59 New Order entered by OLLERES, CESAR (REGISTERED NURS)  
- Order Text: Vent settings: PRVC AC=13, TV=500, FIO2=35%,  
PEEP=5  
- Nature of Order: TELEPHONE ORDER/READBACK VERIFIED  
- Released by: OLLERES, CESAR (REGISTERED NURS) on 06/21/2014  
05:59  
- Elec Signature: EMUWA, CHINENYE (PHYSICIAN) on 06/21/2014 18:54  
- Nurse Verified: OLLERES, CESAR (REGISTERED NURS) on 06/21/2014  
06:00  
- Chart Reviewed: OLLERES, CESAR (REGISTERED NURS) on 06/21/2014  
06:00

Name : [REDACTED]  
DOB/SEX: [REDACTED] MALE  
HOSP : HOBOKEN UMC  
ATTENDING:

MRN: 2014915  
ACT: 201377645  
ADM: May 29, 2014 08:58

- 
- Chart Reviewed: MADIGAN, CATHERINE (REGISTERED NURS) on 06/24/2014 23:40
  - 08/19/2014 07:35 Auto-Discontinued by CPRS
  - Patient Movement: DISCHARGE on 08/17/2014 24:00 from MED/SURG on 4NO

06/21/14 07:26 e AMIN, DEEPAK 06/21/14 06:55 06/22/14 07:00  
SERVICE CORRECTION SERVICE CORRECTION to signed order  
Treating Specialty: MED/SURG  
Ordering Location: 4ICU  
Nurse Verified: COLBERT, ERIKA (REGISTERED NURS) on 06/21/2014 07:49  
Nurse Verified: COLBERT, ERIKA (REGISTERED NURS) on 06/21/2014 07:49  
- Activity:  
- 06/21/2014 06:55 New Order entered by AMIN, DEEPAK (PHYSICIAN)  
- Order Text: SODIUM CHLORIDE 0.9% INJ, SOLN 50 ml 50 ml/hr  
- Nature of Order: ELECTRONICALLY ENTERED  
- Elec Signature: AMIN, DEEPAK (PHYSICIAN) on 06/21/2014 06:55  
- Nurse Verified: COLBERT, ERIKA (REGISTERED NURS) on 06/21/2014 07:49  
- 06/21/2014 07:26 Change entered by SANCHEZ-ABREU, SYLVIA (REGISTERED PHAR)  
- Changed to: SODIUM CHLORIDE 0.9% INJ, SOLN 1000 ml 50 ml/hr  
- Nature of Order: SERVICE CORRECTION  
- Signature: SERVICE CORRECTION TO SIGNED ORDER  
- Nurse Verified: COLBERT, ERIKA (REGISTERED NURS) on 06/21/2014 07:49

06/21/14 06:55 c AMIN, DEEPAK 06/22/14 08:00 06/22/14 08:09  
ELECTRONICALLY ENTERED ELECTRONIC  
Treating Specialty: MED/SURG  
Ordering Location: 4ICU  
Nurse Verified: COLBERT, ERIKA (REGISTERED NURS) on 06/21/2014 07:49  
- Activity:  
- 06/21/2014 06:55 New Order entered by AMIN, DEEPAK (PHYSICIAN)  
- Order Text: COMPLETE BLOOD COUNT IAV-WB BLOOD LC ONCE  
- Nature of Order: ELECTRONICALLY ENTERED  
- Elec Signature: AMIN, DEEPAK (PHYSICIAN) on 06/21/2014 06:55  
- Nurse Verified: COLBERT, ERIKA (REGISTERED NURS) on 06/21/2014 07:49

06/21/14 06:55 c AMIN, DEEPAK 06/22/14 08:00 06/22/14 09:23  
ELECTRONICALLY ENTERED ELECTRONIC  
Treating Specialty: MED/SURG  
Ordering Location: 4ICU  
Nurse Verified: COLBERT, ERIKA (REGISTERED NURS) on 06/21/2014 07:49  
- Activity:  
- 06/21/2014 06:55 New Order entered by AMIN, DEEPAK (PHYSICIAN)  
- Order Text: COMP METABOLIC PANEL MINT PLASMA LC ONCE  
- Nature of Order: ELECTRONICALLY ENTERED  
- Elec Signature: AMIN, DEEPAK (PHYSICIAN) on 06/21/2014 06:55  
- Nurse Verified: COLBERT, ERIKA (REGISTERED NURS) on 06/21/2014 07:49

Name : [REDACTED] MRN: 2014915  
DOB/SEX: [REDACTED] MALE ACT: 201377645  
HOSP : HOBOKEN UMC ADM: May 29, 2014 08:58  
ATTENDING:

06/21/14 06:55 dc AMIN, DEEPAK 06/22/14 06:00 06/22/14 04:00  
ELECTRONICALLY ENTERED ELECTRONIC  
Treating Specialty: MED/SURG  
Ordering Location: 4ICU  
Nurse Verified: COLBERT, ERIKA (REGISTERED NURS) on 06/21/2014 07:49  
- Activity:  
- 06/21/2014 06:55 New Order entered by AMIN, DEEPAK (PHYSICIAN)  
- Order Text: COMPLETE BLOOD COUNT LAV-WB BLOOD LC ONCE  
- Nature of Order: ELECTRONICALLY ENTERED  
- Elec Signature: AMIN, DEEPAK (PHYSICIAN) on 06/21/2014 06:56  
- Nurse Verified: COLBERT, ERIKA (REGISTERED NURS) on 06/21/2014 07:49  
- 06/22/2014 04:00 Discontinued by HOLMAN, JOY (SYSTEM MANAGER)  
- Reason for DC: DUPLICATE TEST: Combined with LB #62742

06/21/14 11:09 dc ABRAHAM, JAMES 06/21/14 11:09 08/19/14 07:35  
ELECTRONICALLY ENTERED ELECTRONIC  
Treating Specialty: MED/SURG  
Ordering Location: 4ICU  
Nurse Verified: COLBERT, ERIKA (REGISTERED NURS) on 06/21/2014 16:33  
- Activity:  
- 06/21/2014 11:09 New Order entered by ABRAHAM, JAMES (PHYSICIAN)  
- Order Text: ps18/Fio2 40 %, keep SPO2 >94%  
- Nature of Order: ELECTRONICALLY ENTERED  
- Elec Signature: ABRAHAM, JAMES (PHYSICIAN) on 06/21/2014 11:09  
- Nurse Verified: COLBERT, ERIKA (REGISTERED NURS) on 06/21/2014 16:33  
- 08/19/2014 07:35 Auto-Discontinued by CPRS  
- Patient Movement: DISCHARGE on 08/17/2014 24:00 from MED/SURG on 4NO

06/21/14 14:01 e ABRAHAM, JAMES 06/21/14 14:00 06/24/14 07:00  
SERVICE CORRECTION ELECTRONIC  
Treating Specialty: MED/SURG  
Ordering Location: 4ICU  
Nurse Verified: COLBERT, ERIKA (REGISTERED NURS) on 06/21/2014 13:58  
Nurse Verified: COLBERT, ERIKA (REGISTERED NURS) on 06/21/2014 15:08  
- Activity:  
- 06/21/2014 13:57 New Order entered by COLBERT, ERIKA (REGISTERED NURS)  
- Order Text: LORazepam INJ  
2MG/1ML IV Q6H PRN seizures or increasing myoclonic activity.  
- Nature of Order: TELEPHONE ORDER/READBACK VERIFIED  
- Released by: COLBERT, ERIKA (REGISTERED NURS) on 06/21/2014 13:57  
- Ordered by: ABRAHAM, JAMES (PHYSICIAN)  
- Signature: NOT REQUIRED DUE TO SERVICE CANCEL  
- Nurse Verified: COLBERT, ERIKA (REGISTERED NURS) on 06/21/2014 13:58  
- 06/21/2014 14:01 Change entered by SANCHEZ-ABREU, SYLVIA (REGISTERED PHAR)  
- Changed to: LORazepam INJ  
2MG/1ML IV Q6H PRN seizures or increasing myoclonic activity.

Name : [REDACTED] MRN: 2014915  
DOB/SEX: [REDACTED] MALE ACT: 201377645  
HOSP : HOBOKEN UMC ADM: May 29, 2014 08:58  
ATTENDING:

---

ADRs: No ADRs on file.

Allergies: No Known Allergies

---

Initial - Name Legend

Status Codes  
C - Completed  
G - Given  
H - Held  
I - Infusing  
M - Missing Dose Requested  
R - Refused  
RM - Removed  
S - Stopped  
\*\*\* - Medication Not Due

\*\*\* END \*\*\*\*\* CONFIDENTIAL MEDICATION ADMINISTRATION SUMMARY \*\*\*\*\*

[[[ END ]]] Patient Encounter(s) History Report Oct 13, 2014 10:53

Page 493

0420150002

DCN: 150420133265 SEQ: 0420150002 EP

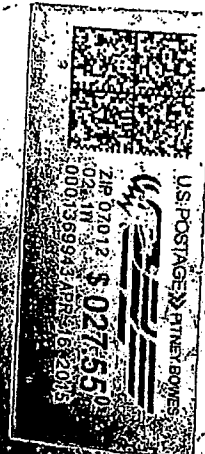
PATIENT FINANCIAL SERVICES  
2 BRIGHTON ROAD, SUITE 300  
CLIFTON, NJ 07012

7014 3490 0000 A052 5204



CERTIFIED MAIL

AETNA Healthcare  
PO Box 981166



DCN: 150420133265 SEQ: 0420150002 EP

**aetna**P.O. BOX 881108  
EL PASO TX 79988-1108  
USAHUMC OPCO, LLC  
PO BOX 824481  
PHILADELPHIA PA 19182-4491**Claim Payment**

Please Retain for Future Reference

Printed: 08/05/2015  
Page: 1 of 31HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
Trace Number: 815217520000476  
Trace Amount: \$12,907.18Aetna Life Insurance Company or an Affiliated Company  
as Agent for Specified Payer(s)  
P.O. BOX 881108  
EL PASO TX 79988-1108  
USAID No: XXXXXXXX7328  
Seq No: 000000034

Trace No: 520000476

Acct: 08046

08-05-2015 51-44  
119 CT**NON-NEGOTIABLE NON-NEGOTIABLE**

PAY

TO THE  
ORDER OF

Bank of America

HUMC OPCO, LLC  
PO BOX 824481  
PHILADELPHIA PA 19182-4491

Twelve Thousand Nine Hundred Seven Dollars and 18/100

VOID AFTER ONE YEAR

\*\*\*\*\*\$12,907.18

**VOID VOID**

786 (10-02)

**Payment was made via Electronic Funds Transfer**

DCN: 150917110616 SEQ: 0917150014 EP

**aetna**

P.O. BOX 881106  
EL PASO TX 79968-1106  
USA

Payment Address:  
HUMC OPCO, LLC  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

# Explanation Of Benefits

Please Retain for Future Reference

Printed: 08/05/2015  
Page: 3 of 31

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0008420276  
TIN: XXXXXXXX7328  
Trace Number: 815217520000476  
Trace Amount: \$12,907.18

**Patient Name:** [REDACTED] (self)

## Remarks (cont'd):

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PSY0K3WMQ09 Recd: 08/23/15 Member ID: W199889884 Patient Account: AAF65250

Member: [REDACTED]

Group Name: UNITED BENEFIT FUND

Product: Aetna Choice POS II

Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81

Group Number: 0863469-10-151 I P1\$ME0

Network ID: 00000

SERVICE DATE	PL	SERVICE CODE	MLL SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP.	PAYABLE AMOUNT
08/29-12/31/14	21	400		63,714.85			63,714.85	1			63,714.85	0.00
<b>TOTALS</b>				63,714.85			63,714.85				63,714.85	0.00

ISSUED AMT: NO PAY

## Remarks:

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. (J68)

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PSY0K3WMQ08 Recd: 08/23/15 Member ID: W199889884 Patient Account: AAF65250

Member: [REDACTED]

Group Name: UNITED BENEFIT FUND

Product: Aetna Choice POS II

Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81

Group Number: 0863860-10-151 I P1\$ME0

Network ID: 00000

SERVICE DATE	PL	SERVICE CODE	MLL SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP.	PAYABLE AMOUNT
08/29-12/31/14	21	410		88,527.88			88,527.88	1			88,527.88	0.00
<b>TOTALS</b>				88,527.88			88,527.88				88,527.88	0.00

ISSUED AMT: NO PAY

## Remarks:

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. (J68)

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PSY0K3WMQ07 Recd: 08/23/15 Member ID: W199889884 Patient Account: AAF65250

Member: [REDACTED]

Group Name: UNITED BENEFIT FUND

Product: Aetna Choice POS II

Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81

Group Number: 0863860-10-151 I P1\$MED

Network ID: 00000

SERVICE DATE	PL	SERVICE CODE	MLL SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP.	PAYABLE AMOUNT
08/29-12/31/14	21	410		88,527.88			88,527.88	1			88,527.88	0.00
<b>TOTALS</b>				88,527.88			88,527.88				88,527.88	0.00

ISSUED AMT: NO PAY

Continued on Next Page

DCN: 150917110616 SEQ: 0917150034 EP



P.O. BOX 981108  
EL PASO TX 79908-1108  
USA

Payment Address:  
HUMC OPGO, LLC  
PO BOX 824481  
PHILADELPHIA PA 19182-4481

### Explanation Of Benefits

Please Retain for Future Reference

Printed: 08/05/2015  
Page: 4 of 31  
HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0008420276  
TIN: XXXXXX007328  
Trace Number: 815217520000476  
Trace Amount: \$12,807.18

Patient Name: [REDACTED] (self)

**Remarks:**

- 1 - This amount represents the difference between the billed amount and the reasonable and customary rate. (J68)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P8Y0KSWM006 Recd: 06/23/15 Member ID: W199689864 Patient Account: AAF65250

Member: [REDACTED]

Group Name: UNITED BENEFIT FUND

Product: Aetna Choice® POS II

Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81

Group Number: 0863860-10-151 | P1\$MED

Network ID: 00000

SERVICE DATE	PL	SERVICE CODE	REAL GROSS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COINSURANCE AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP.	PAYABLE AMOUNT
05/29-12/31/14	21	410		88,527.88			88,527.88	1			88,527.88	0.00
<b>TOTALS</b>				88,527.88			88,527.88				88,527.88	0.00

ISSUED AMT: NO PAY

**Remarks:**

- 1 - This amount represents the difference between the billed amount and the reasonable and customary rate. (J68)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P8Y0KSWM005 Recd: 06/23/15 Member ID: W199689864 Patient Account: AAF65250

Member: [REDACTED]

Group Name: UNITED BENEFIT FUND

Product: Aetna Choice® POS II

Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81

Group Number: 0863860-10-151 | P1\$MED

Network ID: 00000

SERVICE DATE	PL	SERVICE CODE	REAL GROSS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COINSURANCE AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP.	PAYABLE AMOUNT
03/20-12/31/14	21	381		14,127.48			14,127.48	1			14,127.48	0.00
03/29-12/31/14	21	370		13,841.18			13,841.18	1			13,841.18	0.00
03/29-12/31/14	21	390		8,385.80			8,385.80	1			8,385.80	0.00
03/29-12/31/14	21	391		8,384.01			8,384.01	1			8,384.01	0.00
03/29-12/31/14	21	402		4,582.15			4,582.15	1			4,582.15	0.00
08/26/14	21	450		15,805.40			15,805.40	1			15,805.40	0.00
05/20-12/31/14	21	483		2,431.35			2,431.35	2			0.00	0.00
03/29-12/31/14	21	710		8,788.54			8,788.54	2			0.00	0.00
03/29-12/31/14	21	730		2,224.08			2,224.08	2			0.00	0.00
03/29-12/31/14	21	740		5,039.87			5,039.87	2			0.00	0.00
03/29-12/31/14	21	750		2,112.54			2,112.54	2			0.00	0.00
03/29-12/31/14	21	761		73.68			73.68	2			0.00	0.00
05/20-12/31/14	21	921		1,864.68			1,864.68	2			0.00	0.00
<b>TOTALS</b>				85,339.28			85,339.28				82,700.73	0.00

ISSUED AMT: NO PAY

**Remarks:**

- 1 - This amount represents the difference between the billed amount and the reasonable and customary rate. (J68)  
2 - This is a duplicate claim that has already been considered for payment. 114

Continued on Next Page

DCN: 150917110616 SEQ: 0917150014 EP

**aetna**

P.O. BOX 981108  
EL PASO TX 79990-1108  
USA

Payment Address:  
HUMIC OPCO, LLC  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

# Explanation Of Benefits

Please Retain for Future Reference

Printed: 08/05/2015  
Page: 5 of 31

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
Trace Number: 815217520000478  
Trace Amount: \$12,807.18

Patient Name: [REDACTED] (self)

Remarks (contd):

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P8Y0KSWMQ04 Recd: 08/23/15 Member ID: W199669864 Patient Account: AAF65280  
Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863880-10-151 P15ME9  
Network ID: 00000

SERVICE DATE	PL	SERVICE CODE	UNIT RVS	SUBMITTED CHARGE	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	301		58,696.78			58,696.78	1			58,696.78	0.00
05/29-12/31/14	21	351		6,265.28			6,265.28	1			6,265.28	0.00
05/29-12/31/14	21	352		4,252.07			4,252.07	1			4,252.07	0.00
05/29-12/31/14	21	380		22,454.16			22,454.16	1			22,454.16	0.00
<b>TOTALS</b>				91,668.29			91,668.29				91,668.29	0.00

ISSUED AMT: NO PAY

Remarks:

1- This amount represents the difference between the billed amount and the reasonable and customary rate. (J68)

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P8Y0KSWMQ03 Recd: 08/23/15 Member ID: W199669864 Patient Account: AAF65250  
Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863880-10-151 P16ME0  
Network ID: 00000

SERVICE DATE	PL	SERVICE CODE	UNIT RVS	SUBMITTED CHARGE	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	301		58,696.78			58,696.78	1			58,696.78	0.00
05/29-12/31/14	21	324		23,787.52			23,787.52	1			23,787.52	0.00
<b>TOTALS</b>				82,484.31			82,484.31				82,484.31	0.00

ISSUED AMT: NO PAY

Remarks:

1- This amount represents the difference between the billed amount and the reasonable and customary rate. (J68)

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P8Y0KSWMQ02 Recd: 08/23/15 Member ID: W199669864 Patient Account: AAF65260  
Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863880-10-151 P15ME0  
Network ID: 00000

SERVICE DATE	PL	SERVICE CODE	UNIT RVS	SUBMITTED CHARGE	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
03/28-12/31/14	21	270		4,548.51			4,548.51	1			4,548.51	0.00
05/29-12/31/14	21	271		0.36			0.36	1			0.36	0.00

Continued on Next Page

DCN: 150917130616 SEQ: 0917150014 EP



P.O. BOX 881108  
EL PASO TX 79908-1108  
USA

Payment Address:  
HUMC DFCO, LLC  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

### Explanation Of Benefits

Please Retain for Future Reference

Printed: 08/05/2015  
Page: 6 of 31

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0008420275  
TIN: XXXXXX007328  
Trace Number: 815217520000476  
Trace Amount: \$12,807.18

Patient Name: (self)

SERVICE DATE	PL	SERVICE CODE	UNIT	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	272		15,968.12			15,968.12	1			15,968.12	0.00
09/29-12/31/14	21	278		5,513.88			5,513.88	1			5,513.88	0.00
05/29-12/31/14	21	300		11,638.53			11,638.53	1			11,638.53	0.00
08/29-12/31/14	21	302		4,657.35			4,657.35	1			4,657.35	0.00
03/29-12/31/14	21	305		1,145.17			1,145.17	2				0.00
06/29-12/31/14	21	308		728.78			728.78	2				0.00
05/29-12/31/14	21	307		1,028.33			1,028.33	2				0.00
05/29-12/31/14	21	308		22,180.76			22,180.76	2				0.00
05/29-12/31/14	21	310		1,232.37			1,232.37	2				0.00
06/29-12/31/14	21	320		16,715.87			16,715.87	2				0.00
TOTALS				84,367.88			84,367.88				42,124.83	0.00

ISSUED AMT: NO PAY

Remarks:

- 1- This amount represents the difference between the billed amount and the reasonable and customary rate. (J68)
- 2- This is a duplicate claim that has already been considered for payment. 114  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P8Y0KSWMQ01 Recd: 08/23/15 Member ID: W198888854 Patient Account: AAF65250

Member: UNITED BENEFIT FUND

DIAG: 434.91, 431, 510.81  
Group Number: 0863880-10-151 P15ME0  
Network ID: 00880

Product: Aetna Choice POS II  
Aetna Life Insurance Company

SERVICE DATE	PL	SERVICE CODE	UNIT	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
08/29-12/31/14	21	252		47,145.79			47,145.79	1			47,145.79	0.00
05/29-12/31/14	21	280		32,658.60			32,658.60	1				0.00
TOTALS				79,804.39			79,804.39				79,804.39	0.00

ISSUED AMT: NO PAY

Remarks:

- 1- This amount represents the difference between the billed amount and the reasonable and customary rate. (J68)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P8Y0KSWMQ00 Recd: 08/23/15 Member ID: W198888854 Patient Account: AAF65250

Member: UNITED BENEFIT FUND

DIAG: 434.91, 431, 510.81  
Group Number: 0863880-10-151 P15ME0  
Network ID: 00880

Product: Aetna Choice POS II  
Aetna Life Insurance Company

SERVICE DATE	PL	SERVICE CODE	UNIT	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/29-12/31/14	21	250	988.0	93,476.55	4,270.37							4,270.37
TOTALS				93,476.55	4,270.37							4,270.37

Continued on Next Page

OCN: 150917110616 SEQ: 0917150014 EP

**aetna**

P.O. BOX 881108  
EL PASO TX 78000-1108  
USA

Payment Address:  
HUMC OPCO, LLC  
PO BOX 824481  
PHILADELPHIA PA 19182-4481

### Explanation Of Benefits

Please Retain for Future Reference

Printed: 08/05/2015  
Page: 7 of 31

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0008420275  
TIN: XXXXXX0007328  
Trace Number: 816217520000476  
Trace Amount: \$12,807.18

Patient Name: (S017)

ISSUED AMT: \$4,279.37

Remarks:

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN38 Recd: 08/23/15 Member ID: W189669864 Patient Account: AAF65250  
Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0883860-10-151 I P1\$ME0  
Network ID: 00000

SERVICE DATE	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
12/27-12/31/14	21	206		90,000.00			90,000.00	1			90,000.00	0.00
<b>TOTALS</b>				90,000.00			90,000.00				90,000.00	0.00

ISSUED AMT: NO PAY

Remarks:

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. (J68)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN37 Recd: 08/23/15 Member ID: W189669864 Patient Account: AAF65250  
Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0883860-10-181 I P1\$ME0  
Network ID: 00000

SERVICE DATE	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
12/22-12/26/14	21	206		90,000.00			90,000.00	1			90,000.00	0.00
<b>TOTALS</b>				90,000.00			90,000.00				90,000.00	0.00

ISSUED AMT: NO PAY

Remarks:

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. (J68)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN36 Recd: 08/23/15 Member ID: W189669864 Patient Account: AAF65250  
Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0883860-10-181 I P1\$ME0  
Network ID: 00000

SERVICE DATE	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
12/17-12/21/14	21	206		90,000.00			90,000.00	1			90,000.00	0.00
<b>TOTALS</b>				90,000.00			90,000.00				90,000.00	0.00

Continued on Next Page

DCN: 150917110616 SEQ: 0917150014 EP

**aetna**

P.O. BOX 881106  
EL PASO TX 79988-1106  
USA

Payment Address:  
HUMC OPCO, LLC  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

### Explanation Of Benefits

Please Retain for Future Reference

Printed: 08/05/2015  
Page: 8 of 31

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXX0007328  
Trace Number: 815217520000478  
Trace Amount: \$12,907.18

**Patient Name:** [REDACTED] (self)

ISSUED AMT: NO PAY

**Remarks:**

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. (J68)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN35 Recd: 06/23/15 Member ID: W189889884 Patient Account: AAF65250

Member: [REDACTED]

Group Name: UNITED BENEFIT FUND

Product: Aetna Choice POS II

Aetna Life Insurance Company

DIAG: 434.91, 431, 618.81

Group Number: 0863860-10-151 I P1\$ME0

Network ID: 00000

SERVICE DATE	PL	SERVICE CODE	HLTH CODE	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
12/12-12/16/14	21	206		90,000.00			90,000.00	1			90,000.00	0.00
<b>TOTALS</b>				90,000.00			90,000.00				90,000.00	0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. (J68)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN34 Recd: 06/23/15 Member ID: W189889884 Patient Account: AAF65250

Member: [REDACTED]

Group Name: UNITED BENEFIT FUND

Product: Aetna Choice POS II

Aetna Life Insurance Company

DIAG: 434.91, 431, 618.81

Group Number: 0863860-10-151 I P1\$ME0

Network ID: 00000

SERVICE DATE	PL	SERVICE CODE	HLTH CODE	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
12/07-12/11/14	21	206		90,000.00			90,000.00	1			90,000.00	0.00
<b>TOTALS</b>				90,000.00			90,000.00				90,000.00	0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. (J68)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN33 Recd: 06/23/15 Member ID: W189889884 Patient Account: AAF65250

Member: [REDACTED]

Group Name: UNITED BENEFIT FUND

Product: Aetna Choice POS II

Aetna Life Insurance Company

DIAG: 434.91, 431, 618.81

Group Number: 0863860-10-151 I P1\$ME0

Network ID: 00000

Continued on Next Page

DCN: 150917110616 SEQ: 0917150014 EP

**aetna**

P.O. BOX 981106  
EL PASO TX 79998-1106  
USA

Payment Address:  
HUMC OPCO, LLC  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

**Explanation Of Benefits**

Please Retain for Future Reference

Printed: 08/05/2015  
Page: 8 of 31  
HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXX0007328  
Trace Number: 816217520000470  
Trace Amount: \$12,907.18

**Patient Name:** [REDACTED] (self)

SERVICE DATE	PL	SERVICE CODE	HLN SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
12/02-12/08/14	21	206		90,000.00			90,000.00	1			90,000.00	0.00
<b>TOTALS</b>				90,000.00			90,000.00				90,000.00	0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. (J88)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL5HKH32 Recd: 08/23/15 Member ID: W190889854 Patient Account: AAF65250  
Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-161 P13MEO  
Network ID: 00000

SERVICE DATE	PL	SERVICE CODE	HLN SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
11/27-12/01/14	21	206		90,000.00			90,000.00	1			90,000.00	0.00
<b>TOTALS</b>				90,000.00			90,000.00				90,000.00	0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. (J88)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL5HKH31 Recd: 08/23/15 Member ID: W190889854 Patient Account: AAF65250  
Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-161 P13MEO  
Network ID: 00000

SERVICE DATE	PL	SERVICE CODE	HLN SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
11/22-11/28/14	21	206		90,000.00			90,000.00	1			90,000.00	0.00
<b>TOTALS</b>				90,000.00			90,000.00				90,000.00	0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. (J88)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Continued on Next Page

DCN: 150917110616 SEQ: 0917150014 EP

**aetna**P.O. BOX 881108  
EL PASO TX 79908-1108  
USAPayment Address:  
HUMCO OPCO, LLC  
PO BOX 824481  
PHILADELPHIA PA 19182-4481**Explanation Of Benefits**

Please Retain for Future Reference

Printed: 08/05/2015  
Page: 10 of 31HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0008420275  
TIN: XXXXXX0007328  
Trace Number: 81521752000478  
Trace Amount: \$12,807.18**Patient Name:** (self)Claim ID: P3TWL8HKN28 Recd: 08/23/15 Member ID: W189869884 Patient Account: AAF85250  
Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice POS II  
Aetna Life Insurance CompanyDIAG: 434.91, 431, 618.81  
Group Number: 0883860-10-151 P1\$ME0  
Network ID: 00000

SERVICE DATE	PL	SERVICE CODE	MDL SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP.	PAYABLE AMOUNT
11/18-11/18/14	21	202		40,000.00			40,000.00	1			40,000.00	0.00
11/20-11/21/14	21	208		38,000.00			38,000.00	1			38,000.00	0.00
<b>TOTALS</b>				78,000.00			78,000.00				78,000.00	0.00

ISSUED AMT: NO PAY

**Remarks:**1 - This amount represents the difference between the billed amount and the reasonable and customary rate. (J08)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)Claim ID: P3TWL8HKN28 Recd: 08/23/15 Member ID: W189869884 Patient Account: AAF85250  
Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice POS II  
Aetna Life Insurance CompanyDIAG: 434.91, 431, 618.81  
Group Number: 0883860-10-151 P1\$ME0  
Network ID: 00000

SERVICE DATE	PL	SERVICE CODE	MDL SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP.	PAYABLE AMOUNT
11/14-11/18/14	21	208		54,000.00			54,000.00	1			54,000.00	0.00
11/17/14	21	202		20,000.00			20,000.00	1			20,000.00	0.00
<b>TOTALS</b>				74,000.00			74,000.00				74,000.00	0.00

ISSUED AMT: NO PAY

**Remarks:**1 - This amount represents the difference between the billed amount and the reasonable and customary rate. (J08)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)Claim ID: P3TWL8HKN28 Recd: 08/23/15 Member ID: W189869884 Patient Account: AAF85250  
Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice POS II  
Aetna Life Insurance CompanyDIAG: 434.91, 431, 618.81  
Group Number: 0883860-10-151 P1\$ME0  
Network ID: 00000

SERVICE DATE	PL	SERVICE CODE	MDL SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP.	PAYABLE AMOUNT
11/09-11/12/14	21	208		80,000.00			80,000.00	1			80,000.00	0.00
<b>TOTALS</b>				80,000.00			80,000.00				80,000.00	0.00

ISSUED AMT: NO PAY

Continued on Next Page

DCN: 350917110616 SEQ: 0917310014 EP

**aetna**

P.O. BOX 681106  
EL PASO TX 79968-1106  
USA

Payment Address:  
HUMC OPD, LLC  
PO BOX 824481  
PHILADELPHIA PA 19182-4481

# Explanation Of Benefits

Please Retain for Future Reference

Printed: 08/05/2015  
Page: 11 of 31

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0008420276  
TIN: XXXXXX0007328  
Trace Number: 815217520000478  
Trace Amount: \$12,907.18

**Patient Name:** (self)

## Remarks:

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. (J68)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN27 Recd: 08/23/15 Member ID: W199688864 Patient Account: AAF65250

Member: (b)(6)

Group Name: UNITED BENEFIT FUND

Product: Aetna Choice POS II

Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81

Group Number: 0863860-10-151 IP1\$MEO

Network ID: 00000

SERVICE DATE	FA	SERVICE CODE	MM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
11/04-11/04/14	21	208		90,000.00			90,000.00	1			90,000.00	0.00
<b>TOTALS</b>				90,000.00			90,000.00				90,000.00	0.00

ISSUED AMT: NO PAY

## Remarks:

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. (J68)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN26 Recd: 08/23/15 Member ID: W199688864 Patient Account: AAF65250

Member: (b)(6)

Group Name: UNITED BENEFIT FUND

Product: Aetna Choice POS II

Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81

Group Number: 0863860-10-151 IP1\$MEO

Network ID: 00000

SERVICE DATE	FA	SERVICE CODE	MM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
10/30-11/03/14	21	208		90,000.00			90,000.00	1			90,000.00	0.00
<b>TOTALS</b>				90,000.00			90,000.00				90,000.00	0.00

ISSUED AMT: NO PAY

## Remarks:

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. (J68)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN25 Recd: 08/23/15 Member ID: W199688864 Patient Account: AAF65250

Member: (b)(6)

Group Name: UNITED BENEFIT FUND

Product: Aetna Choice POS II

Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81

Group Number: 0863860-10-151 IP1\$MEO

Network ID: 00000

SERVICE DATE	FA	SERVICE CODE	MM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
10/25-10/27/14	21	202		60,000.00			60,000.00	1			60,000.00	0.00
10/28-10/29/14	21	208		18,000.00			18,000.00	1			18,000.00	0.00
<b>TOTALS</b>				78,000.00			78,000.00				78,000.00	0.00

Continued on Next Page

OCN: 150017110616 SEQ: 0917150014 EP

**aetna**

P.O. BOX 891106  
EL PASO TX 79988-1106  
USA

Payment Address:  
HUMC OPGO, LLC  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

# **Explanation Of Benefits**

Please Retain for Future Reference

Printed: 08/05/2016  
Page: 12 of 31

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0008420275  
TIN: XXXXXX0007328  
Trace Number: 816217520000476  
Trace Amount: \$12,807.18

Patient Name: [REDACTED] (self)

ISSUED AMT: NO PAY

## Remarks:

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. (J68)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN24 Read: 06/23/15 Member ID: W109888864 Patient Account: AAF85250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863880-10-181 I P18ME0

Product: Aetna Choices POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATE	FL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP.	PAYABLE AMOUNT
10/21-10/24/14	21	202		80,000.00			80,000.00	1			80,000.00	0.00
<b>TOTALS</b>				80,000.00			80,000.00				80,000.00	0.00

ISSUED AMT: NO PAY

## Remarks:

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. (J68)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN23 Read: 06/23/15 Member ID: W109888864 Patient Account: AAF85250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863880-10-181 I P18ME0

Product: Aetna Choices POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATE	FL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP.	PAYABLE AMOUNT
10/17-10/20/14	21	202		80,000.00			80,000.00	1			80,000.00	0.00
<b>TOTALS</b>				80,000.00			80,000.00				80,000.00	0.00

ISSUED AMT: NO PAY

## Remarks:

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. (J68)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN22 Read: 06/23/15 Member ID: W109888864 Patient Account: AAF85250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863880-10-181 I P18ME0

Product: Aetna Choices POS II

Network ID: 00000

Aetna Life Insurance Company

Continued on Next Page

OCN: 150917130616 SEQ: 0917150014 EP

**aetna**P.O. BOX 861108  
EL PASO TX 79986-1108  
USAPayment Address:  
HUMC OPCO, LLC  
PO BOX 824461  
PHILADELPHIA PA 19182-4461**Explanation Of Benefits**

Please Retain for Future Reference

Printed: 08/05/2016  
Page: 13 of 31HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0086420276  
TIN: XXXXXX0007328  
Trace Number: 815217820000476  
Trace Amount: \$12,807.18**Patient Name:** (self)

SERVICE DATE	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
10/13-10/16/14	21	202		80,000.00			80,000.00	1			80,000.00	0.00
<b>TOTALS</b>				80,000.00			80,000.00				80,000.00	0.00

ISSUED AMT: NO PAY

**Remarks:**

- 1 - This amount represents the difference between the billed amount and the reasonable and customary rate. (J68)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN21 Recd: 08/23/15 Member ID: W199869884 Patient Account: AAF86280  
Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-161 | P1\$MED  
Network ID: 00000

SERVICE DATE	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
10/09-10/12/14	21	202		80,000.00			80,000.00	1			80,000.00	0.00
<b>TOTALS</b>				80,000.00			80,000.00				80,000.00	0.00

ISSUED AMT: NO PAY

**Remarks:**

- 1 - This amount represents the difference between the billed amount and the reasonable and customary rate. (J68)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN20 Recd: 08/23/15 Member ID: W199869884 Patient Account: AAF86250  
Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-10-161 | P1\$MED  
Network ID: 00000

SERVICE DATE	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
10/05-10/07/14	21	202		54,000.00			54,000.00	1			54,000.00	0.00
10/08/14	21	202		20,000.00			20,000.00	1			20,000.00	0.00
<b>TOTALS</b>				74,000.00			74,000.00				74,000.00	0.00

ISSUED AMT: NO PAY

**Remarks:**

- 1 - This amount represents the difference between the billed amount and the reasonable and customary rate. (J68)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Continued on Next Page

OCN: 150917110616 SEQ: 0917150014 EP

**aetna**

P.O. BOX 081108  
 EL PASO TX 75988-1108  
 USA

Payment Address:  
 HUMC OPCO, LLC  
 PO BOX 824481  
 PHILADELPHIA PA 19182-4481

**Explanation Of Benefits**

Please Retain for Future Reference

Printed: 08/05/2015  
 Page: 14 of 31  
 HOBOKEN UNIVERSITY MEDICAL CENTER  
 PIN: 0008420275  
 TIN: XXXXXXXX07328  
 Trace Number: 816217520000478  
 Trace Amount: \$12,907.18

**Patient Name:** (self)

Claim ID: P2Y0MH9KZ08 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF66250  
 Member: [REDACTED]  
 Group Name: UNITED BENEFIT FUND  
 Product: Aetna Choice® POS II  
 Aetna Life Insurance Company

DIAG: 434.81, 431, 518.81  
 Group Number: 0803860-11-161 | P13ME0  
 Network ID: 00000

SERVICE DATE	PL	SERVICE CODE	MOD SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
02/10-02/14/15	21	208		90,000.00			80,000.00	1			90,000.00	0.00
<b>TOTALS</b>				90,000.00			80,000.00				90,000.00	0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. (J08)  
 Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P2Y0MH9KZ07 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF66250  
 Member: [REDACTED]  
 Group Name: UNITED BENEFIT FUND  
 Product: Aetna Choice® POS II  
 Aetna Life Insurance Company

DIAG: 434.81, 431, 518.81  
 Group Number: 0803860-11-161 | P13ME0  
 Network ID: 00000

SERVICE DATE	PL	SERVICE CODE	MOD SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
02/05-02/09/15	21	208		80,000.00			80,000.00	1			80,000.00	0.00
<b>TOTALS</b>				80,000.00			80,000.00				80,000.00	0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. (J08)  
 Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P2Y0MH9KZ06 Recd: 06/23/15 Member ID: W199669864 Patient Account: AAF66250  
 Member: [REDACTED]  
 Group Name: UNITED BENEFIT FUND  
 Product: Aetna Choice® POS II  
 Aetna Life Insurance Company

DIAG: 434.81, 431, 518.81  
 Group Number: 0803860-11-161 | P13ME0  
 Network ID: 00000

SERVICE DATE	PL	SERVICE CODE	MOD SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/31-02/04/15	21	208		80,000.00			80,000.00	1			80,000.00	0.00
<b>TOTALS</b>				80,000.00			80,000.00				80,000.00	0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. (J08)  
 Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Continued on Next Page

DCN: 150917110616 SEQ: 0917150014 EP



P.O. BOX 881106  
EL PASO TX 79988-1106  
USA

Payment Address:  
HUMC OPOD, LLC  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

### Explanation Of Benefits

Please Retain for Future Reference

Printed: 08/05/2015  
Page: 15 of 31

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0008420275  
TIN: XXXXXX0007328  
Trace Number: 815217520000476  
Trace Amount: \$12,907.19

Patient Name: [REDACTED] (self)

Claim ID: P2Y0MH9KZ05 Recd: 06/23/15 Member ID: W199669884 Patient Account: AAF65289

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0883880-11-151 I P1\$ME0  
Network ID: 00000

SERVICE DATE	PL	SERVICE CODE	MAX BENEFIT	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	REDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/26-01/30/15	21	208		90,000.00			90,000.00	1			90,000.00	0.00
TOTALS				90,000.00			90,000.00				90,000.00	0.00

ISSUED AMT: NO PAY

Remarks:

- 1 - This amount represents the difference between the billed amount and the reasonable and customary rate. (J08)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P2Y0MH9KZ04 Recd: 06/23/15 Member ID: W199669884 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0883880-11-151 I P1\$ME0  
Network ID: 00000

SERVICE DATE	PL	SERVICE CODE	MAX BENEFIT	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	REDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/21-01/25/15	21	208		90,000.00			90,000.00	1			90,000.00	0.00
TOTALS				90,000.00			90,000.00				90,000.00	0.00

ISSUED AMT: NO PAY

Remarks:

- 1 - This amount represents the difference between the billed amount and the reasonable and customary rate. (J08)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P2Y0MH9KZ03 Recd: 06/23/15 Member ID: W199669884 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0883880-11-151 I P1\$ME0  
Network ID: 00000

SERVICE DATE	PL	SERVICE CODE	MAX BENEFIT	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	REDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/18-01/20/15	21	208		90,000.00			90,000.00	1			90,000.00	0.00
TOTALS				90,000.00			90,000.00				90,000.00	0.00

ISSUED AMT: NO PAY

Remarks:

- 1 - This amount represents the difference between the billed amount and the reasonable and customary rate. (J08)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Continued on Next Page

OCN: 150917110616 SEQ: 0917150014 EP

**aetna**

P.O. BOX 981108  
EL PASO TX 78098-1108  
USA

Payment Address:  
HUMC OPCO, LLC  
PO BOX 824481  
PHILADELPHIA PA 19182-4491

# Explanation Of Benefits

Please Retain for Future Reference

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Page: 18 of 31  
HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0008420275  
TIN: XXXXXXXX7328  
Trace Number: 818217520000478  
Trace Amount: \$12,807.18

**Patient Name:** (self)

Claim ID: P2Y0MH9KZ02 Recd: 06/23/15 Member ID: W199699864 Patient Account: AAF65250

Member:

Group Name: UNITED BENEFIT FUND

Product: Aetna Choice POS II

Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81

Group Number: 0863860-11-151 I P1\$ME0

Network ID: 00000

SERVICE DATE	P	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/01-01/01/15	21	208		80,000.00			80,000.00	1			80,000.00	0.00
<b>TOTALS</b>				80,000.00			80,000.00				80,000.00	0.00

ISSUED AMT: NO PAY

## Remarks:

- 1 - This amount represents the difference between the billed amount and the reasonable and customary rate. (J68)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P2Y0MH9KZ01 Recd: 06/23/15 Member ID: W199699864 Patient Account: AAF65250

Member:

Group Name: UNITED BENEFIT FUND

Product: Aetna Choice POS II

Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81

Group Number: 0863860-11-151 I P1\$ME0

Network ID: 00000

SERVICE DATE	P	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/01-01/01/15	21	208		80,000.00			80,000.00	1			80,000.00	0.00
<b>TOTALS</b>				80,000.00			80,000.00				80,000.00	0.00

ISSUED AMT: NO PAY

## Remarks:

- 1 - This amount represents the difference between the billed amount and the reasonable and customary rate. (J68)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P2Y0MH9KZ00 Recd: 08/23/15 Member ID: W199699864 Patient Account: AAF65250

Member:

Group Name: UNITED BENEFIT FUND

Product: Aetna Choice POS II

Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81

Group Number: 0863860-11-151 I P1\$ME0

Network ID: 00000

SERVICE DATE	P	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/01-01/01/15	21	208		80,000.00			80,000.00	1			80,000.00	0.00
<b>TOTALS</b>				80,000.00			80,000.00				80,000.00	0.00

ISSUED AMT: NO PAY

## Remarks:

- 1 - This amount represents the difference between the billed amount and the reasonable and customary rate. (J68)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Continued on Next Page

DCN: 15091710616 SEQ: 0917150014 EP

**aetna**

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EL PASO TX 79993-1106  
USA

Payment Address:  
HUMCO PCO, LLC  
PO BOX 824481  
PHILADELPHIA PA 19182-4481

# Explanation Of Benefits

Please Retain for Future Reference

Printed: 08/05/2015  
Page: 17 of 31

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0008420275  
TIN: XXXXXXXX/328  
Trace Number: 816217520000476  
Trace Amount: \$12,907.18

Patient Name: (self)

Claim ID: PK35LG5K508 Recd: 06/23/15 Member ID: W199668864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice POS II

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-11-151 I P1\$MED  
Network ID: 00000

Aetna Life Insurance Company

SERVICE DATE	PL	SERVICE CODE	UNIT PACS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/01-04/14/15	21	710		4,211.06			4,211.06	1			4,211.06	0.00
01/01-04/14/15	21	730		1,085.92			1,085.92	1			1,085.92	0.00
01/01-04/14/15	21	740		2,415.33			2,415.33	1			2,415.33	0.00
01/01-04/14/15	21	750		1,012.46			1,012.46	1			1,012.46	0.00
01/01-04/14/15	21	781		35.31			35.31	1			35.31	0.00
01/01-04/14/15	21	801		45,067.96			45,067.96	1			45,067.96	0.00
01/01-04/14/15	21	901		941.80			941.80	2			941.80	0.00
TOTALS				54,749.84			54,749.84				54,749.84	0.00

ISSUED AMT:

NO PAY

## Remarks:

- This amount represents the difference between the billed amount and the reasonable and customary rate. (J68)
  - The service/procedure is not covered under the member's plan of benefits. (J66)
- Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PK35LG5K505 Recd: 06/23/15 Member ID: W199668864 Patient Account: AAF65250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice POS II

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-11-151 I P1\$MED  
Network ID: 00000

Aetna Life Insurance Company

SERVICE DATE	PL	SERVICE CODE	UNIT PACS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/01-04/14/15	21	480		30,538.15			30,538.15	1			30,538.15	0.00
01/01-04/14/15	21	483		1,185.25			1,185.25	1			1,185.25	0.00
01/01-04/14/15	21	636		62,564.14			62,564.14	1			62,564.14	0.00
TOTALS				94,285.54			94,285.54				94,285.54	0.00

ISSUED AMT:

NO PAY

## Remarks:

- This amount represents the difference between the billed amount and the reasonable and customary rate. (J68)
- Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PK35LG5K804 Recd: 06/23/15 Member ID: W199668864 Patient Account: AAF65250

Member: VICTOR LOPEZ  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice POS II

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-11-151 I P1\$MED  
Network ID: 00000

Aetna Life Insurance Company

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DCN: 150917110616 SEQ: 0917150014 EP

**aetna**

P.O. BOX 881108  
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USA

Payment Address:  
HUMC OPCC, LLC  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

# Explanation Of Benefits

Please Retain for Future Reference

Printed: 08/05/2015  
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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0008420275  
TIN: XXXXXXXX7328  
Trace Number: 016217620000476  
Trace Amount: \$12,907.18

Patient Name: (self)

SERVICE DATE	PL	SERVICE CODE	HLA SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP.	PAYABLE AMOUNT
01/01-04/14/15	21	410		62,204.38			62,204.38	1			62,204.38	0.00
TOTALS				62,204.38			62,204.38				62,204.38	0.00

ISSUED AMT: NO PAY

## Remarks:

- 1 - This amount represents the difference between the billed amount and the reasonable and customary rate. (J06)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PK35LG5K503 Read: 08/23/15 Member ID: W19969864 Patient Account: AAF65250

Member:  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-11-151 I P15ME0  
Network ID: 00000

SERVICE DATE	PL	SERVICE CODE	HLA SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP.	PAYABLE AMOUNT
01/01-04/14/15	21	410		62,204.38			62,204.38	1			62,204.38	0.00
TOTALS				62,204.38			62,204.38				62,204.38	0.00

ISSUED AMT: NO PAY

## Remarks:

- 1 - This amount represents the difference between the billed amount and the reasonable and customary rate. (J06)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PK35LG5K802 Read: 06/23/16 Member ID: W19969864 Patient Account: AAF65250

Member:  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-11-151 I P15ME0  
Network ID: 00000

SERVICE DATE	PL	SERVICE CODE	HLA SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP.	PAYABLE AMOUNT
01/01-04/14/15	21	302		2,232.10			2,232.10	1			2,232.10	0.00
01/01-04/14/15	21	305		548.83			548.83	1			548.83	0.00
01/01-04/14/15	21	306		348.74			348.74	1			348.74	0.00
01/01-04/14/15	21	307		493.32			493.32	1			493.32	0.00
01/01-04/14/15	21	309		10,635.20			10,635.20	1			10,635.20	0.00
01/01-04/14/15	21	310		680.63			680.63	1			680.63	0.00
01/01-04/14/15	21	320		7,531.83			7,531.83	1			7,531.83	0.00
01/01-04/14/15	21	324		11,405.26			11,405.26	1			11,405.26	0.00
01/01-04/14/15	21	351		3,002.72			3,002.72	1			3,002.72	0.00
01/01-04/14/15	21	352		2,037.86			2,037.86	1			2,037.86	0.00
01/01-04/14/15	21	381		8,770.77			8,770.77	1			8,770.77	0.00
01/01-04/14/15	21	370		6,537.71			6,537.71	1			6,537.71	0.00
01/01-04/14/15	21	380		3,050.80			3,050.80	1			3,050.80	0.00

Continued on Next Page

DCN: 150917110616 SEQ: 0917150034 EP

**aetna**

P.O. BOX 981108  
EL PASO TX 79998-1108  
USA

Payment Address:  
HUMC OPGO, LLC  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

# Explanation Of Benefits

Please Retain for Future Reference

Printed: 08/05/2015  
Page: 19 of 31

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0008420275  
TIN: XXXXXXXX7328  
Trace Number: 81521762000478  
Trace Amount: \$12,807.18

Patient Name: (self)

SERVICE DATE	PL	SERVICE CODE	HLA SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/01-04/14/15	21	381		4,018.57			4,018.57	1			4,018.57	0.00
01/01-04/14/15	21	402		2,196.05			2,196.05	1			2,196.05	0.00
01/01-04/14/15	21	360		10,781.44			10,781.44	1			10,781.44	0.00
TOTALS				72,162.83			72,162.83				72,162.83	0.00

ISSUED AMT: NO PAY

## Remarks:

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. (J68)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PK35LG5K501 Recd: 08/23/15 Member ID: W199699864 Patient Account: AAF65250  
Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-11-151 (P1\$ME0  
Network ID: 00000

SERVICE DATE	PL	SERVICE CODE	HLA SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/01-04/14/15	21	260		15,655.88			15,655.88	1			15,655.88	0.00
01/01-04/14/15	21	270		2,178.83			2,178.83	1			2,178.83	0.00
01/01-04/14/15	21	271		0.17			0.17	1			0.17	0.00
01/01-04/14/15	21	272		7,852.92			7,852.92	1			7,852.92	0.00
01/01-04/14/15	21	278		2,842.84			2,842.84	1			2,842.84	0.00
01/01-04/14/15	21	300		5,578.85			5,578.85	1			5,578.85	0.00
01/01-04/14/15	21	301		58,262.35			58,262.35	1			58,262.35	0.00
TOTALS				88,970.84			88,970.84				88,970.84	0.00

ISSUED AMT: NO PAY

## Remarks:

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. (J68)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PK35LG5K500 Recd: 08/23/15 Member ID: W199699864 Patient Account: AAF65250  
Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-11-151 (P1\$ME0  
Network ID: 00000

SERVICE DATE	PL	SERVICE CODE	HLA SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/01-04/14/15	21	250	988.0	44,789.83			40,433.39	1			40,433.39	4,356.44
01/01-04/14/15	21	251		804.88			804.88	1			804.88	0.00
01/01-04/14/15	21	262		22,595.21			22,595.21	1			22,595.21	0.00
01/01-04/14/15	21	255		1.48			1.48	1			1.48	0.00

Continued on Next Page

DCN: 150917110616 SEQ: 0917150014 EP

**aetna**

P.O. BOX 881108  
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USA

Payment Address:  
HUMC OPCO, LLC  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

# **Explanation Of Benefits**

Please Retain for Future Reference

Printed: 08/05/2015  
Page: 20 of 31  
HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0008420275  
TIN: XXXXXXXX7328  
Trace Number: 815217520000478  
Trace Amount: \$12,807.18

Patient Name: [REDACTED] (self)

SERVICE DATE	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
01/01-04/14/15	21	250		800.88			800.88	1			800.88	0.00
<b>TOTALS</b>				68,002.28			64,835.82				64,835.82	1,366.44

ISSUED AMT: \$4,366.44

## Remarks:

- This amount represents the difference between the billed amount and the reasonable and customary rate. (J68)
- This is a fair payment for services covered by the plan. No balance billing allowed. (C52)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PSTWLBHKN18 Recd: 08/23/15 Member ID: W199689884 Patient Account: AAF65250  
Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice POS II  
Aetna Life Insurance Company

DIAG: 434.81, 431, 518.81  
Group Number: 0883880-10-151 | P1SMED  
Network ID: 00000

SERVICE DATE	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
09/30/14	21	202		18,000.00			18,000.00	1			18,000.00	0.00
10/01-10/04/14	21	202		72,000.00			72,000.00	1			72,000.00	0.00
<b>TOTALS</b>				90,000.00			90,000.00				90,000.00	0.00

ISSUED AMT: NO PAY

## Remarks:

- This amount represents the difference between the billed amount and the reasonable and customary rate. (J68)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: PSTWLBHKN18 Recd: 08/23/15 Member ID: W199689884 Patient Account: AAF65250  
Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice POS II  
Aetna Life Insurance Company

DIAG: 434.81, 431, 518.81  
Group Number: 0883880-10-151 | P1SMED  
Network ID: 00000

SERVICE DATE	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPAY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
09/25-09/28/14	21	202		80,000.00			80,000.00	1			80,000.00	0.00
<b>TOTALS</b>				80,000.00			80,000.00				80,000.00	0.00

ISSUED AMT: NO PAY

## Remarks:

- This amount represents the difference between the billed amount and the reasonable and customary rate. (J68)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Continued on Next Page

DCN: 150917110616 SEQ: 0917150014 EP

**aetna**

P.O. BOX 981108  
EL PASO TX 79998-1108  
USA

Payment Address:  
HUMC OPGO, LLC  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

**Explanation Of Benefits**

Please Retain for Future Reference

Printed: 08/05/2015  
Page: 21 of 31

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0008420276  
TIN: XXXXXX0007328  
Trace Number: B15217520000478  
Trace Amount: \$12,907.18

**Patient Name:** (self)

Claim ID: P3TWL8HKN17 Recd: 08/23/16 Member ID: W199659864 Patient Account: AAF65250

Member:

Group Name: UNITED BENEFIT FUND

Product: Aetna Choice® POS II

Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81

Group Number: 0863880-10-151 | P1\$ME0

Network ID: 00000

SERVICE DATE	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
08/20/14	21	208		18,000.00			18,000.00	1			10,000.00	0.00
09/21-09/24/14	21	202		72,000.00			72,000.00	1			72,000.00	0.00
<b>TOTALS</b>				90,000.00			90,000.00				90,000.00	0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. (J88)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN18 Recd: 08/23/16 Member ID: W199659864 Patient Account: AAF65250

Member:

Group Name: UNITED BENEFIT FUND

Product: Aetna Choice® POS II

Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81

Group Number: 0863880-10-151 | P1\$ME0

Network ID: 00000

SERVICE DATE	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
09/15-09/16/14	21	206		90,000.00			90,000.00	1			90,000.00	0.00
<b>TOTALS</b>				90,000.00			90,000.00				90,000.00	0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. (J88)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN16 Recd: 08/23/16 Member ID: W199659864 Patient Account: AAF65250

Member:

Group Name: UNITED BENEFIT FUND

Product: Aetna Choice® POS II

Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81

Group Number: 0863880-10-151 | P1\$ME0

Network ID: 00000

SERVICE DATE	PL	SERVICE CODE	NUM SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
09/10-09/14/14	21	208		90,000.00			90,000.00	1			90,000.00	0.00
<b>TOTALS</b>				90,000.00			90,000.00				90,000.00	0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. (J88)

Continued on Next Page

DCN: 156917110616 SEQ: 0917150014 EP



P.O. BOX 801106  
EL PASO TX 79998-1106  
USA

Payment Address:  
HUMC OPGO, LLC  
PO BOX 824481  
PHILADELPHIA PA 19182-4481

### Explanation Of Benefits

Please Retain for Future Reference

Printed: 08/05/2016  
Page: 22 of 31  
HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0008420276  
TIN: XXXXXXXX7328  
Trace Number: 816217520000478  
Trace Amount: \$12,807.18

Patient Name: [REDACTED] (self)

Remarks (cont'd):

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN14 Recd: 08/23/15 Member ID: W199689864 Patient Account: AAF85250  
Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.91  
Group Number: 0863860-10-151 (P15ME0)  
Network ID: 00000

SERVICE DATE	PL	SERVICE CODE	NUM INVS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
08/05-08/09/14	21	208		90,000.00			90,000.00	1			90,000.00	0.00
<b>TOTALS</b>				90,000.00			90,000.00				90,000.00	0.00

ISSUED AMT: NO PAY

Remarks:

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. (J68)

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN13 Recd: 08/23/15 Member ID: W199689864 Patient Account: AAF85250  
Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.91  
Group Number: 0863860-10-151 (P15ME0)  
Network ID: 00000

SERVICE DATE	PL	SERVICE CODE	NUM INVS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
08/30-08/31/14	21	208		22,000.00			22,000.00	1			22,000.00	0.00
09/01-09/04/14	21	208		72,000.00			72,000.00	1			72,000.00	0.00
<b>TOTALS</b>				94,000.00			94,000.00				94,000.00	0.00

ISSUED AMT: NO PAY

Remarks:

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. (J68)

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN12 Recd: 08/23/15 Member ID: W199689864 Patient Account: AAF85250  
Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice® POS II  
Aetna Life Insurance Company

DIAG: 434.91, 431, 518.91  
Group Number: 0863860-10-151 (P15ME0)  
Network ID: 00000

SERVICE DATE	PL	SERVICE CODE	NUM INVS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
08/22-08/26/14	21	208		55,000.00			55,000.00	1			55,000.00	0.00
08/27-08/28/14	21	208		33,000.00			33,000.00	1			33,000.00	0.00
<b>TOTALS</b>				88,000.00			88,000.00				88,000.00	0.00

Continued on Next Page

BCN: 150917110516 SEQ: 0917150014 EP

**aetna**P.O. BOX 981100  
EL PASO TX 78898-1100  
USAPayment Address:  
HUMG OFCO, LLC  
PO BOX 824491  
PHILADELPHIA PA 19182-4491**Explanation Of Benefits**

Please Retain for Future Reference

Printed: 08/05/2015  
Page: 23 of 31HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0008420275  
TIN: XXXXXXXX7328  
Trace Number: 815217520000476  
Trace Amount: \$12,807.18**Patient Name:** [REDACTED] (self)

ISSUED AMT: NO PAY

**Remarks:**1 - This amount represents the difference between the billed amount and the reasonable and customary rate. (J68)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN11 Recd: 08/23/15 Member ID: W198689864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 | P15MEO

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATE	PL	SERVICE CODE	MOD SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
08/14-08/21/14	21	206		88,000.00			88,000.00	1			88,000.00	0.00
<b>TOTALS</b>				88,000.00			88,000.00				88,000.00	0.00

ISSUED AMT: NO PAY

**Remarks:**1 - This amount represents the difference between the billed amount and the reasonable and customary rate. (J68)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN10 Recd: 08/23/15 Member ID: W198689864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 | P15MEO

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATE	PL	SERVICE CODE	MOD SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
08/05-08/13/14	21	206		88,000.00			88,000.00	1			88,000.00	0.00
<b>TOTALS</b>				88,000.00			88,000.00				88,000.00	0.00

ISSUED AMT: NO PAY

**Remarks:**1 - This amount represents the difference between the billed amount and the reasonable and customary rate. (J68)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN09 Recd: 08/23/15 Member ID: W198689864 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 | P15MEO

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

Continued on Next Page

DCN: 150917110616 SEQ: 0917150014 EP

**aetna**

P.O. BOX 881108  
EL PASO TX 79908-1108  
USA

Payment Address:  
HJMC OPCO, LLC  
PO BOX 824481  
PHILADELPHIA PA 19182-4481

### Explanation Of Benefits

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0008420275  
TIN: XXXXXXXX7328  
Trace Number: 815217520000478  
Trace Amount: \$12,807.18

**Patient Name:** [REDACTED] (self)

SERVICE DATE	PL	SERVICE CODE	HLA SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPY AMOUNT	NOT PAYABLE	REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
07/25-08/31/14	21	208		88,000.00			88,000.00	1			88,000.00	0.00
<b>TOTALS</b>				88,000.00			88,000.00				88,000.00	0.00

ISSUED AMT: NO PAY

**Remarks:**

1- This amount represents the difference between the billed amount and the reasonable and customary rate. (J68)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKM08 Recd: 06/23/15 Member ID: W198869884 Patient Account: AAF55250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice POS II  
Aetna Life Insurance Company

DIAG: 434.01, 431, 518.81  
Group Number: 0893880-10-151 P15ME0  
Network ID: 00000

SERVICE DATE	PL	SERVICE CODE	HLA SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPY AMOUNT	NOT PAYABLE	REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
07/21-07/28/14	21	208		88,000.00			88,000.00	1			88,000.00	0.00
<b>TOTALS</b>				88,000.00			88,000.00				88,000.00	0.00

ISSUED AMT: NO PAY

**Remarks:**

1- This amount represents the difference between the billed amount and the reasonable and customary rate. (J68)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKM07 Recd: 06/23/15 Member ID: W198869884 Patient Account: AAF55250

Member: [REDACTED]  
Group Name: UNITED BENEFIT FUND  
Product: Aetna Choice POS II  
Aetna Life Insurance Company

DIAG: 434.01, 431, 518.81  
Group Number: 0893880-10-151 P15ME0  
Network ID: 00000

SERVICE DATE	PL	SERVICE CODE	HLA SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPY AMOUNT	NOT PAYABLE	REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
07/13-07/20/14	21	208		88,000.00			88,000.00	1			88,000.00	0.00
<b>TOTALS</b>				88,000.00			88,000.00				88,000.00	0.00

ISSUED AMT: NO PAY

**Remarks:**

1- This amount represents the difference between the billed amount and the reasonable and customary rate. (J68)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Continued on Next Page

BCN: 150917110616 SEQ: 0917150014 EP

**aetna**

P.O. BOX 681108  
EL PASO TX 79969-1108  
USA

Payment Address:  
HUMC OFCO, LLC  
PO BOX 624481  
PHILADELPHIA PA 19182-4481

# Explanation Of Benefits

Please Retain for Future Reference

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420276  
TIN: XXXXXXXX7328  
Trace Number: 815217520000478  
Trace Amount: \$12,907.18

Patient Name: (s/f)

Claim ID: P3TWL8HKN08 Recd: 08/23/15 Member ID: W199869864 Patient Account: AAF85250

Member:

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 IP1\$ME0

Product: Aetna Choice POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATE	PL	SERVICE CODE	NUM. DAYS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/28-12/01/14	21	265		3.00			3.00	1			3.00	0.00
07/01-07/08/14	21	208		88,000.00			88,000.00	1			88,000.00	0.00
TOTALS				88,003.00			88,003.00				88,003.00	0.00

ISSUED AMT: NO PAY

## Remarks:

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. (J68)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN05 Recd: 08/23/15 Member ID: W199869864 Patient Account: AAF85250

Member:

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 IP1\$ME0

Product: Aetna Choice POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATE	PL	SERVICE CODE	NUM. DAYS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
08/28-09/30/14	21	202		42,000.00			42,000.00	1			42,000.00	0.00
07/09/14	21	202		14,000.00			14,000.00	1			14,000.00	0.00
07/10-07/12/14	21	202		42,000.00			42,000.00	1			42,000.00	0.00
TOTALS				98,000.00			98,000.00				98,000.00	0.00

ISSUED AMT: NO PAY

## Remarks:

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. (J68)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN04 Recd: 08/23/15 Member ID: W199869864 Patient Account: AAF85250

Member:

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863860-10-151 IP1\$ME0

Product: Aetna Choice POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATE	PL	SERVICE CODE	NUM. DAYS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/28-12/31/14	21	258		1,671.02			1,671.02	1			1,671.02	0.00
06/22-06/27/14	21	202		84,000.00			84,000.00	1			84,000.00	0.00
TOTALS				85,671.02			85,671.02				85,671.02	0.00

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Den: 150917110616 SEQ: 0917150014 EP

UBF-AETNA 001863

CONFIDENTIAL

**aetna**

P.O. BOX 981106  
EL PASO TX 79898-1106  
USA

Payment Address:  
HUMC OPCO, LLC  
PO BOX 624491  
PHILADELPHIA PA 19182-4491

# Explanation Of Benefits

Please Retain for Future Reference

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HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXX007328  
Trace Number: 815217520000476  
Trace Amount: \$12,807.18

Patient Name: (self)

ISSUED AMT: NO PAY

## Remarks:

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. (J68)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN02 Recd: 08/23/15 Member ID: W199069864 Patient Account: AAF65250

Member:

Group Name: UNITED BENEFIT FUND

Product: Aetna Choice POS II

Aetna Life Insurance Company

DIAG: 434.81, 431, 518.81

Group Number: 0863880-10-151 P18MED

Network ID: 00000

SERVICE DATE	PL	SERVICE CODE	HLI SACS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/26-12/31/14	21	251		1,878.41			1,878.41	1			1,878.41	0.00
05/16-08/21/14	21	202		84,000.00			84,000.00	1			84,000.00	0.00
<b>TOTALS</b>				85,878.41			85,878.41				85,878.41	0.00

ISSUED AMT: NO PAY

## Remarks:

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. (J68)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN02 Recd: 08/23/15 Member ID: W199069864 Patient Account: AAF65250

Member:

Group Name: UNITED BENEFIT FUND

Product: Aetna Choice POS II

Aetna Life Insurance Company

DIAG: 434.81, 431, 518.81

Group Number: 0863880-10-151 P18MED

Network ID: 00000

SERVICE DATE	PL	SERVICE CODE	HLI SACS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
08/16-08/15/14	21	202		84,000.00			84,000.00	1			84,000.00	0.00
<b>TOTALS</b>				84,000.00			84,000.00				84,000.00	0.00

ISSUED AMT: NO PAY

## Remarks:

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. (J68)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL8HKN01 Recd: 08/23/15 Member ID: W199069864 Patient Account: AAF65250

Member: VICTOR LOPEZ

Group Name: UNITED BENEFIT FUND

Product: Aetna Choice POS II

Aetna Life Insurance Company

DIAG: 434.81, 431, 518.81

Group Number: 0863880-10-151 P18MED

Network ID: 00000

Continued on Next Page

DCN: 150917110616 SEQ: 0917150014 EP

**aetna**

P.O. BOX 881108  
EL PASO TX 79998-1108  
USA

Payment Address:  
HUMC OPCO, LLC  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

# **Explanation Of Benefits**

Please Retain for Future Reference

Printed: 08/06/2016  
Page: 27 of 31

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0008420275  
TIN: XXXXXXXX7328  
Trace Number: 815217620000478  
Trace Amount: \$12,907.18

**Patient Name:** (self)

SERVICE DATE	PL	SERVICE CODE	REAL BVG	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
08/04-08/09/14	21	202		84,000.00			84,000.00	1			84,000.00	0.00
<b>TOTALS</b>				84,000.00			84,000.00				84,000.00	0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. (J88)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P3TWL6HKN00 Read: 08/23/16 Member ID: W199868864 Patient Account: AAF85250

Member:

DIAG: 434.91, 431, 818.81

Group Name: UNITED BENEFIT FUND

Group Number: 0883880-10-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATE	PL	SERVICE CODE	REAL BVG	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
05/28-06/03/14	21	202	6.D	84,000.00	4,270.37							4,270.37
<b>TOTALS</b>				84,000.00	4,270.37							4,270.37

ISSUED AMT: \$4,270.37

**Remarks:**

Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P2Y0MR9KZ20 Read: 08/23/16 Member ID: W199868864 Patient Account: AAF85250

Member:

DIAG: 434.91, 431, 518.81

Group Name: UNITED BENEFIT FUND

Group Number: 0863880-11-151 I P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATE	PL	SERVICE CODE	REAL BVG	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
04/08-04/12/16	21	206		54,000.00			54,000.00	1			54,000.00	0.00
<b>TOTALS</b>				54,000.00			54,000.00				54,000.00	0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. (J88)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Continued on Next Page

DCN: 15091/110616 SEQ: 091/150014 EP

UBF-AETNA 001865

CONFIDENTIAL

**aetna**

P.O. BOX 981108  
EL PASO TX 79098-1108  
USA

Payment Address:  
HUMC OPO, LLC  
PO BOX 624491  
PHILADELPHIA PA 19182-4491

**Explanation Of Benefits**

Please Retain for Future Reference

Printed: 08/05/2015  
Page: 28 of 31

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0008420275  
TIN: XXXXXX0007328  
Trace Number: 815217620000478  
Trace Amount: \$12,907.18

**Patient Name:** (self)

Claim ID: P2Y0MH9KZ18 Read: 08/23/15 Member ID: W198689864 Patient Account: AAF65250

Member:

Group Name: UNITED BENEFIT FUND

Product: Aetna Choice POS II

Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-11-151 | P1\$ME0  
Network ID: 00000

SERVICE DATE	PL	SERVICE CODE	UNIT SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
04/05-04/09/15	21	206		80,000.00			80,000.00	1			80,000.00	0.00
<b>TOTALS</b>				80,000.00			80,000.00				80,000.00	0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. (J68)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P2Y0MH9KZ18 Read: 08/23/15 Member ID: W198689864 Patient Account: AAF65250

Member:

Group Name: UNITED BENEFIT FUND

Product: Aetna Choice POS II

Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-11-151 | P1\$ME0  
Network ID: 00000

SERVICE DATE	PL	SERVICE CODE	UNIT SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
03/31-04/04/15	21	206		80,000.00			80,000.00	1			80,000.00	0.00
<b>TOTALS</b>				80,000.00			80,000.00				80,000.00	0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. (J68)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P2Y0MH9KZ17 Read: 08/23/15 Member ID: W198689864 Patient Account: AAF65250

Member:

Group Name: UNITED BENEFIT FUND

Product: Aetna Choice POS II

Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-11-151 | P1\$ME0  
Network ID: 00000

SERVICE DATE	PL	SERVICE CODE	UNIT SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
03/28-03/30/15	21	206		80,000.00			80,000.00	1			80,000.00	0.00
<b>TOTALS</b>				80,000.00			80,000.00				80,000.00	0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. (J68)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Continued on Next Page

PCN: 150917110616 SEQ: 0917150014 EP

**aetna**

P.O. BOX 951106  
EL PASO TX 79995-1106  
USA

Payment Address:  
HUMC OPCO, LLC  
PO BOX 824481  
PHILADELPHIA PA 19182-4481

**Explanation Of Benefits**

Please Retain for Future Reference

Printed: 08/05/2016  
Page: 29 of 31

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0008420275  
TIN: XXXXXXXX7328  
Trace Number: 815217520000476  
Trace Amount: \$12,907.18

Patient Name: (self)

Claim ID: P2Y0MH9KZ16 Recd: 08/23/15 Member ID: W199669864 Patient Account: AAF65250

Member:

Group Name: UNITED BENEFIT FUND

Product: Aetna Choice POS II

Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-11-151 P15ME0  
Network ID: 00000

SERVICE DATE	PL	SERVICE CODE	MOD SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
03/11-03/23/15	21	200		80,000.00			80,000.00	1			00,000.00	0.00
<b>TOTALS</b>				80,000.00			80,000.00				00,000.00	0.00

ISSUED AMT: NO PAY

Remarks:

- 1- This amount represents the difference between the billed amount and the reasonable and customary rate. (J08)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P2Y0MH9KZ16 Recd: 08/23/15 Member ID: W199669864 Patient Account: AAF65250

Member:

Group Name: UNITED BENEFIT FUND

Product: Aetna Choice POS II

Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-11-151 P15ME0  
Network ID: 00000

SERVICE DATE	PL	SERVICE CODE	MOD SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
03/16-03/24/15	21	200		80,000.00			80,000.00	1			00,000.00	0.00
<b>TOTALS</b>				80,000.00			80,000.00				00,000.00	0.00

ISSUED AMT: NO PAY

Remarks:

- 1- This amount represents the difference between the billed amount and the reasonable and customary rate. (J08)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P2Y0MH9KZ14 Recd: 08/23/15 Member ID: W199669864 Patient Account: AAF65250

Member:

Group Name: UNITED BENEFIT FUND

Product: Aetna Choice POS II

Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81  
Group Number: 0863860-11-151 P15ME0  
Network ID: 00000

SERVICE DATE	PL	SERVICE CODE	MOD SVCS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
03/11-03/15/15	21	200		80,000.00			80,000.00	1			00,000.00	0.00
<b>TOTALS</b>				80,000.00			80,000.00				00,000.00	0.00

ISSUED AMT: NO PAY

Remarks:

- 1- This amount represents the difference between the billed amount and the reasonable and customary rate. (J08)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Continued on Next Page

DCN: 150917110616 SEQ: 0917350014 EP

UBF-AETNA 001867

CONFIDENTIAL

**aetna**

P.O. BOX 981108  
EL PASO TX 79968-1108  
USA

Payment Address:  
HUMC OPCO, LLC  
PO BOX 824491  
PHILADELPHIA PA 19182-4491

**Explanation Of Benefits**

Please Retain for Future Reference

Printed: 08/05/2015  
Page: 30 of 31

HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0006420275  
TIN: XXXXXXXX7328  
Trace Number: 815217520000478  
Trace Amount: \$12,807.18

**Patient Name:** (self)

Claim ID: P2Y0MH9KZ13 Recd: 08/23/15 Member ID: W199669864 Patient Account: AAF65250

Member:

Group Name: UNITED BENEFIT FUND

Product: Aetna Choice® POS II

Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81

Group Number: 0803860-11-184 I P1\$ME0

Network ID: 00000

SERVICE DATE	PL	SERVICE CODE	REAL SVCS	SUBMITTED CHARGE	ALLOWABLE AMOUNT	COPY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO- INSURANCE	PATIENT RESP	PAYABLE AMOUNT
03/07-03/11/15	21	206		90,000.00			90,000.00	1			90,000.00	0.00
<b>TOTALS</b>				90,000.00			90,000.00				90,000.00	0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. (J68)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P2Y0MH9KZ12 Recd: 08/23/15 Member ID: W199669864 Patient Account: AAF65250

Member:

Group Name: UNITED BENEFIT FUND

Product: Aetna Choice® POS II

Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81

Group Number: 0803860-11-151 I P1\$ME0

Network ID: 00000

SERVICE DATE	PL	SERVICE CODE	REAL SVCS	SUBMITTED CHARGE	ALLOWABLE AMOUNT	COPY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO- INSURANCE	PATIENT RESP	PAYABLE AMOUNT
03/02-03/08/15	21	206		90,000.00			90,000.00	1			90,000.00	0.00
<b>TOTALS</b>				90,000.00			90,000.00				90,000.00	0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. (J68)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P2Y0MH9KZ11 Recd: 08/23/15 Member ID: W199669864 Patient Account: AAF65250

Member:

Group Name: UNITED BENEFIT FUND

Product: Aetna Choice® POS II

Aetna Life Insurance Company

DIAG: 434.91, 431, 518.81

Group Number: 0803860-11-151 I P1\$ME0

Network ID: 00000

SERVICE DATE	PL	SERVICE CODE	REAL SVCS	SUBMITTED CHARGE	ALLOWABLE AMOUNT	COPY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO- INSURANCE	PATIENT RESP	PAYABLE AMOUNT
02/25-03/01/15	21	206		90,000.00			90,000.00	1			90,000.00	0.00
<b>TOTALS</b>				90,000.00			90,000.00				90,000.00	0.00

ISSUED AMT: NO PAY

**Remarks:**

1 - This amount represents the difference between the billed amount and the reasonable and customary rate. (J68)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Continued on Next Page

ICHI: 150917110616 SEQ: 0917150014 EP

**aetna**P.O. BOX 881106  
EL PASO TX 79908-1106  
USAPayment Address:  
HUMC OPCO, LLC  
PO BOX 824491  
PHILADELPHIA PA 19182-4491**Explanation Of Benefits**

Please Retain for Future Reference

Printed: 08/05/2016  
Page: 31 of 31HOBOKEN UNIVERSITY MEDICAL CENTER  
PIN: 0008420275  
TIN: XXXXXXXX7328  
Trace Number: 815217520000478  
Trace Amount: \$12,907.18**Patient Name:** [REDACTED] (self)

Claim ID: P2Y0MH8KZ10 Recd: 08/23/15 Member ID: W199869884 Patient Account: AAF68250

Member: [REDACTED]

DIAG: 434.B1, 431, 518.B1

Group Name: UNITED BENEFIT FUND

Group Number: 8863880-11-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATE	PL	SERVICE CODE	UNIT DAYS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
02/20-02/24/15	21	208		80,000.00			80,000.00	1			80,000.00	0.00
<b>TOTALS</b>				80,000.00			80,000.00				80,000.00	0.00

ISSUED AMT: NO PAY

**Remarks:**

- 1 - This amount represents the difference between the billed amount and the reasonable and customary rate. (J68)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

Claim ID: P2Y0MH8KZ09 Recd: 06/23/15 Member ID: W199869884 Patient Account: AAF65250

Member: [REDACTED]

DIAG: 434.B1, 431, 518.B1

Group Name: UNITED BENEFIT FUND

Group Number: 8863880-11-151 | P1\$ME0

Product: Aetna Choice® POS II

Network ID: 00000

Aetna Life Insurance Company

SERVICE DATE	PL	SERVICE CODE	UNIT DAYS	SUBMITTED CHARGES	ALLOWABLE AMOUNT	COPY AMOUNT	NOT PAYABLE	SEE REMARKS	DEDUCTIBLE	CO INSURANCE	PATIENT RESP	PAYABLE AMOUNT
02/15-02/18/15	21	208		80,000.00			80,000.00	1			80,000.00	0.00
<b>TOTALS</b>				80,000.00			80,000.00				80,000.00	0.00

ISSUED AMT: NO PAY

**Remarks:**

- 1 - This amount represents the difference between the billed amount and the reasonable and customary rate. (J68)  
Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported. (E73)

For Questions Regarding This Claim  
P.O. BOX 881106 EL PASO, TX 79988-1106

CALL (888) 632-3862 FOR ASSISTANCE

Note: All inquiries should reference the ID number above for prompt response.

Total Patient Responsibility: \$9,580,430.61

Claim Payment: \$12,907.18

**Total Payment to: HOBOKEN UNIVERSITY MEDICAL CENTER****\$12,907.18**

Protecting the privacy of member health information is a top priority. When contacting us about this statement or for help with other questions, please be prepared to provide your provider number, tax identification number (TIN), or Social Security number (SSN), in addition to the member's ID number.

DCN: 150917110616 SEQ: 0917150014 EP

# Exhibit C



Stacey A. Hyman  
D 973.848.4028  
F 973.848.4001  
stacey.hyman@klgates.com

May 24, 2016

**Via Regular Mail and E-Mail**

Mark H. Ginsberg, Esq.  
GORLICK, KRAVITZ & LISTHAUS, P.C.  
11 State Street, 4th Floor  
New York, New York 10004

**Re: *HUMC OPCO, LLC d/b/a/ CarePoint Health – Hoboken University Medical Center  
v. United Benefit Fund, Aetna Health Inc., and Omni Administrators Inc.*  
Civ. Action No. 2:16-CV-00168(KM)(MAH)**

Dear Mr. Ginsberg:

Per your discussion with Anthony P. La Rocco and George P. Barbatsuly, please see the enclosed Assignment of Benefits related to the above referenced matter.

Very truly yours,

A handwritten signature in black ink that reads "Stacey Hyman".  
Stacey A. Hyman

Encls.

cc: George P. Barbatsuly, Esq. (e-mail only)

K&L GATES LLP  
ONE NEWARK CENTER TENTH FLOOR NEWARK NJ 07102  
T +1 973 848 4000 F +1 973 848 4001 klgates.com

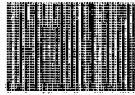
Anthony P. La Rocco, Administrative Partner

klgates.com

CONFIDENTIAL



308 Willow Avenue  
Hoboken, NJ 07030  
Telephone: 201-418-1000  
www.HobokenUMC.com



Form ID: AOB

ASSIGNMENT OF INSURANCE BENEFITS/DIRECT  
PAYMENT/AUTHORIZED REPRESENTATIVE/AGENT

Reorder #: 20068

(Rev. 6/15)

**CONFIDENTIAL**

Acct: A00203137138

HR#: H000452826

RM/LOC: H.ER

SD:

PATIENT ID LABEL

I HEREBY ASSIGN TO THE HOSPITAL, ALL OF MY RIGHTS, BENEFITS, PRIVILEGES, PROTECTIONS, CLAIMS, CAUSES OF ACTION, INTERESTS OR RECOVERY, TO ANY AND ALL RIGHTS, BENEFITS, PRIVILEGES, PROTECTIONS, CLAIMS, CAUSES OF ACTION, INTERESTS, OR RECOVERY OF ANY TYPE WHATSOEVER RECEIVABLE BY ME OR ON MY BEHALF ARISING OUT OF ANY POLICY OF INSURANCE, PLAN, TRUST, FUND, OR OTHERWISE PROVIDING HEALTH CARE COVERAGE OF ANY TYPE TO ME (OR TO ANY OTHER THIRD PARTY RESPONSIBLE FOR ME) FOR THE CHARGES FOR SERVICES RENDERED TO ME BY THE HOSPITAL. THIS INCLUDES; WITHOUT LIMITATION, ANY PRIVATE OR GROUP HEALTH/HOSPITALIZATION PLAN, AUTOMOBILE LIABILITY, GENERAL LIABILITY, PERSONAL INJURY PROTECTION, MEDICAL PAYMENTS, UNINSURED OR UNDERINSURED MOTOR VEHICLE BENEFITS, SETTLEMENTS/JUDGMENTS/VERDICTS, SELF-FUNDED PLAN, TRUST, WORKERS COMPENSATION, MEWA, COLLECTIVE, OR ANY OTHER THIRD-PARTY PAYOR PROVIDING HEALTH CARE COVERAGE OF ANY TYPE TO ME (OR TO ANY OTHER THIRD PARTY RESPONSIBLE FOR ME) FOR THE CHARGES FOR SERVICES RENDERED TO ME BY THE HOSPITAL [COLLECTIVELY, "COVERAGE SOURCE"]. THIS IS A DIRECT ASSIGNMENT TO THE HOSPITAL OF ANY AND ALL OF MY RIGHTS TO RECEIVE BENEFITS ARISING OUT OF ANY COVERAGE SOURCE. I UNDERSTAND THAT THIS ASSIGNMENT OF BENEFITS IS IRREVOCABLE. THIS ASSIGNMENT OF BENEFITS FULLY AND COMPLETELY ENCOMPASSES ANY LEGAL CLAIM I MAY HAVE AGAINST ANY COVERAGE SOURCE, INCLUDING, BUT NOT LIMITED TO, MY RIGHTS TO APPEAL ANY DENIAL OF BENEFITS ON MY BEHALF, TO REQUEST AND OBTAIN PLAN DOCUMENTS, TO PURSUE LEGAL ACTION AGAINST ANY COVERAGE SOURCE, AND/OR TO FILE A COMPLAINT WITH THE NEW JERSEY DEPARTMENT OF BANKING AND INSURANCE.

I AUTHORIZE AND DIRECT PAYMENT BE MADE BY ANY AND ALL COVERAGE SOURCE DIRECTLY TO THE HOSPITAL OF ALL BENEFITS, PAYMENTS, MONIES, CHECKS, FUNDS, WIRE TRANSFERS OR RECOVERY OF ANY KIND WHATSOEVER FROM ANY COVERAGE SOURCE. I ALSO AGREE TO ASSIST THE HOSPITAL IN PURSUING PAYMENT FROM ANY COVERAGE SOURCE. THIS INCLUDES; WITHOUT LIMITATION, SIGNING DOCUMENTS REQUESTED OR NEEDED TO PURSUE CLAIMS AND APPEALS, GETTING DOCUMENTS FROM COVERAGE SOURCE, OR OTHERWISE TO SUPPORT PAYMENT TO THE HOSPITAL. I ALSO DIRECT AND AGREE THAT ANY PAYMENTS OF ANY KIND (E.G., CHECKS, FUNDS, PAYMENTS, MONIES, BENEFITS OR RECOVERY FOR COVERAGE OF SERVICES BY THE HOSPITAL THAT IS SENT DIRECTLY TO ME (OR TO ANOTHER THIRD PARTY RESPONSIBLE FOR ME) WILL BE SENT AND TURNED OVER IMMEDIATELY BY ME TO THE HOSPITAL, THROUGH WHATEVER MEANS NECESSARY. THIS INCLUDES, WITHOUT LIMITATION, ME AND IF NEEDED ANY GUARDIAN ENDORSING OVER ANY CHECKS AND/OR OTHER DOCUMENTS TO THE HOSPITAL. I ALSO UNDERSTAND THAT IF I FAIL TO TURN OVER TO THE HOSPITAL ANY SUCH PAYMENTS SENT DIRECTLY TO ME (OR TO ANOTHER THIRD PARTY RESPONSIBLE FOR ME), I WILL BE FINANCIALLY RESPONSIBLE TO THE HOSPITAL FOR THE AMOUNT OF SUCH PAYMENTS, AND I MAY ALSO BE SUBJECT TO CIVIL OR CRIMINAL PROSECUTION TO THE FULLEST EXTENT PERMITTED BY LAW.

I HEREBY AUTHORIZE AND DESIGNATE THE HOSPITAL AS MY AUTHORIZED AGENT AND REPRESENTATIVE TO ACT ON MY BEHALF WITH RESPECT TO ALL MATTERS RELATED TO ALL OF MY RIGHTS, BENEFITS, PRIVILEGES, PROTECTIONS, CLAIMS, CAUSES OF ACTION, INTERESTS OR RECOVERY ARISING OUT OF ANY COVERAGE SOURCE. THIS INCLUDES, WITHOUT LIMITATION, THE HOSPITAL REQUESTING VERIFICATION OF COVERAGE/PRE-CERTIFICATION/AUTHORIZATION, FILING PRE-SERVICE AND POST-SERVICE CLAIMS AND APPEALS, RECEIVING ALL INFORMATION, DOCUMENTATION, SUMMARY PLAN DESCRIPTIONS, BARGAINING AGREEMENTS, TRUST AGREEMENTS, CONTRACTS, AND ANY INSTRUMENTS UNDER WHICH THE PLAN IS ESTABLISHED OR OPERATED, AS WELL AS RECEIVING ANY POLICIES, PROCEDURES, RULES, GUIDELINES, PROTOCOLS OR OTHER CRITERIA CONSIDERED BY THE COVERAGE SOURCE, IN CONNECTION WITH ANY CLAIMS, APPEALS, OR NOTIFICATIONS RELATED TO CLAIMS OR APPEALS.

**STATEMENT OF FINANCIAL RESPONSIBILITY**

I UNDERSTAND THAT I AM FINANCIALLY AND LEGALLY RESPONSIBLE FOR CHARGES NOT COVERED IN FULL BY THE ASSIGNMENT OF BENEFITS DESCRIBED IN THE PRECEDING SECTION, INCLUDING, BUT NOT LIMITED TO, ANY DEDUCTIBLES, CO-PAYMENTS, AND COINSURANCE AMOUNTS PROVIDED UNDER ANY COVERAGE SOURCE; AND CHARGES FOR WHICH THERE IS NO COVERAGE SOURCE. I FURTHER AGREE THAT SHOULD I NOT PAY ANY BALANCE FOR WHICH I AM LEGALLY RESPONSIBLE AS SET FORTH IN THIS SECTION WITHIN THIRTY (30) DAYS AFTER THE DATE OF DISCHARGE, MY ACCOUNT WILL BE CONSIDERED DELINQUENT. I AGREE TO PAY COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES AND COSTS, COLLECTION AGENCY FEES AND COSTS, AND INTEREST WHICH SHALL ACCRUE AT THE MAXIMUM RATE ALLOWED BY LAW.

**CONSENT TO CONTACT**

BY PROVIDING US WITH YOUR LANDLINE OR CELL PHONE NUMBER(S), YOU GIVE YOUR CONSENT FOR US, OUR AGENTS, AND TO OUR COLLECTION AGENTS, TO CONTACT YOU AT THESE NUMBERS, OR, AT ANY NUMBER THAT IS LATER ACQUIRED FOR YOU, AND, TO LEAVE LIVE, OR PRE-RECORDED MESSAGES REGARDING ANY ACCOUNTS OR SERVICES. FOR GREATER EFFICIENCY, CALLS MAY BE DELIVERED BY AN AUTODIALER.

**PRE-CERTIFICATION REQUIREMENTS**

I UNDERSTAND THAT IF I DO NOT COMPLY WITH MY INSURANCE POLICY PRE-CERTIFICATION REQUIREMENTS OR IF ANY SERVICE IS NOT CERTIFIED, THEN I MAY NOT BE ENTITLED TO INSURANCE BENEFITS. IN THAT EVENT, I MAY BE RESPONSIBLE FOR ANY AND ALL CHARGES OF THE MEDICAL CENTER AT ITS REGULAR RATES AS SET FORTH IN PARAGRAPH 7.

**PHYSICIAN CHARGES**

I UNDERSTAND THAT THE MEDICAL CENTER'S CHARGES DO NOT INCLUDE THE FEES OF THE PATIENT'S TREATING PHYSICIAN(S), IF APPLICABLE. I UNDERSTAND THAT I WILL RECEIVE A SEPARATE BILL FOR THESE SERVICES AND SUCH BILLS MAY COME DIRECTLY FROM THE PHYSICIAN(S), SUCH AS EMERGENCY ROOM PHYSICIANS, RADIOLOGISTS, PATHOLOGISTS, ANESTHESIOLOGISTS, AND OTHER SPECIALISTS. I UNDERSTAND THAT LEVEL OF INSURANCE BENEFITS PAYABLE FOR TREATMENT BY THE PATIENT'S TREATING PHYSICIAN(S) MAY DIFFER FROM THE LEVEL OF INSURANCE BENEFITS PAYABLE FOR TREATMENT PROVIDED BY THE MEDICAL CENTER. IT IS MY RESPONSIBILITY TO DETERMINE THE EXTENT OF MY INSURANCE COVERAGE FOR TREATMENT BY ANY TREATING PHYSICIAN AT THE MEDICAL CENTER.

UNLESS OTHERWISE REVOKED BY ME, THIS AUTHORIZATION IS CONSIDERED VALID FOR (6) MONTHS FROM THE DATE BELOW. I UNDERSTAND THAT REVOCATION MAY NOT BE MADE IF ACTION HAS ALREADY BEEN TAKEN IN RELIANCE ON THIS AUTHORIZATION. I ALSO UNDERSTAND THAT THIS CONSENT SHALL OPERATE AS A COMPLETE RELEASE OF LIABILITY TO THE HOSPITAL AND THE PHYSICIANS AND THEIR EMPLOYEES AND AGENTS FOR THE RELEASE OF INFORMATION AS STATE ABOVE.

IN WITNESS WHEREOF THE UNDERSIGNED HAVE HERINTO SET THEIR HANDS

WITNESS SIGNATURE: *Mickelle*PATIENT SIGNATURE: *[Redacted]*

IF PATIENT IS UNABLE TO CONSENT OR IS A MINOR, COMPLETE THE FOLLOWING:

( ) PATIENT IS MINOR OF: \_\_\_\_\_ YEARS OF AGE. ( ) UNABLE TO CONSENT BECAUSE: \_\_\_\_\_

# Exhibit D

CONFIDENTIAL – SUBJECT TO CONFIDENTIALITY ORDER

**GORLICK, KRAVITZ & LISTHAUS, P.C.**

ATTORNEYS AT LAW

17 STATE STREET, 4TH FLOOR  
NEW YORK, NEW YORK 10004-1501



(212) 269-2500

FAX (212) 269-2540

WWW.GKLLAW.COM

BUFFALO OFFICE:  
442 POTOMAC AVENUE  
BUFFALO, NY 14213  
(716) 881-0800  
FAX (716) 881-0810

LAWRENCE A. KRAVITZ (1972-2002)  
BRUCE L. LISTHAUS  
BARBARA S. MEHLSACK\*

NEW JERSEY OFFICE:  
60 PARK PLACE, 6TH FLOOR  
NEWARK, NJ 07102  
(973) 824-5811

OF COUNSEL  
ANDREW A. GORLICK\*

June 2, 2016

\*NY BAR ONLY  
Via Email and Mail

Anthony La Rocco, Esq.  
K&L Gates LLP  
One Newark Center, Tenth Floor  
Newark, NJ 07102-5252  
anthony.larocco@klgates.com

Re: *HUMC OPCO LLC v. United Benefit Fund, et al.*;  
U.S. District Court, District of New Jersey  
Civil Action No.: 2:16-cv-168 (KM)(MAH)

Dear Mr. La Rocco:

As you know, this firm represents United Benefit Fund (“UBF”) and Aetna Health Inc. (“Aetna”) in the above-referenced action.

In our last phone conversation, the undersigned requested that HUMC produce the assignment of benefits which HUMC alleges is the foundation for its standing to bring the instant action as a “beneficiary” under ERISA and as the assignee of “Patient 1.” In response, on May 25, 2016 HUMC produced a single undated assignment of benefits executed by a 25 year-old “[REDACTED]” whose date of birth is [REDACTED] (the “Invalid Assignment”). A copy of the Invalid Assignment is enclosed.

Based on the medical condition and the dates of hospitalization alleged in the Amended Complaint, and on the administrative record which was produced under separate cover, it is clear that “Patient 1” was a 50 year-old man named [REDACTED] whose date of birth was [REDACTED]. Further, the Invalid Assignment has an “Account Number” and “Medical Record Number” that do not match the medical records of the 50 year-old [REDACTED] for whom HUMC seeks compensation.

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GORLICK, KRAVITZ & LISTHAUS, P.C.

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Anthony La Rocco, Esq.

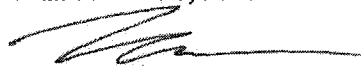
June 2, 2016

Page 2

Accordingly, we demand that you deliver a valid assignment within ten days. We anticipate that your failure to produce a valid assignment will result in your withdrawal of this action.

Sincerely,

GORLICK, KRAVITZ  
& LISTHAUS, P.C.



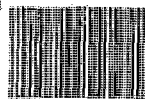
Mark H. Ginsberg

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**CarePoint Health**  
Hoboken University  
Medical Center

308 Willow Avenue  
Hoboken, NJ 07030  
Telephone: 201-416-1000  
www.HobokenUMC.com



Form ID: AOB  
ASSIGNMENT OF INSURANCE BENEFITS/DIRECT  
PAYMENT/AUTHORIZED REPRESENTATIVE/AGENT  
Reorder #: 20068  
(Rev. 6/15)

**CONFIDENTIAL**

Acct: A00203137138

HR#: H000452626

Age/Sex: 25 M

RH/LOC: H, ER

DOB: [REDACTED]

SD: [REDACTED]

PATIENT ID LABEL

I HEREBY ASSIGN TO THE HOSPITAL, ALL OF MY RIGHTS, BENEFITS, PRIVILEGES, PROTECTIONS, CLAIMS, CAUSES OF ACTION, INTERESTS OR RECOVERY, TO ANY AND ALL RIGHTS, BENEFITS, PRIVILEGES, PROTECTIONS, CLAIMS, CAUSES OF ACTION, INTERESTS, OR RECOVERY OF ANY TYPE WHATSOEVER RECEIVABLE BY ME OR ON MY BEHALF ARISING OUT OF ANY POLICY OF INSURANCE, PLAN, TRUST, FUND, OR OTHERWISE PROVIDING HEALTH CARE COVERAGE OF ANY TYPE TO ME (OR TO ANY OTHER THIRD PARTY RESPONSIBLE FOR ME) FOR THE CHARGES FOR SERVICES RENDERED TO ME BY THE HOSPITAL. THIS INCLUDES, WITHOUT LIMITATION, ANY PRIVATE OR GROUP HEALTH/HOSPITALIZATION PLAN, AUTOMOBILE LIABILITY, GENERAL LIABILITY, PERSONAL INJURY PROTECTION, MEDICAL PAYMENTS, UNINSURED OR UNDERINSURED MOTOR VEHICLE BENEFITS, SETTLEMENTS/JUDGMENTS/VERDICTS, SELF-FUNDED PLAN, TRUST, WORKERS COMPENSATION, MEWA, COLLECTIVE, OR ANY OTHER THIRD PARTY PAYOR PROVIDING HEALTH CARE COVERAGE OF ANY TYPE TO ME (OR TO ANY OTHER THIRD PARTY RESPONSIBLE FOR ME) FOR THE CHARGES FOR SERVICES RENDERED TO ME BY THE HOSPITAL [COLLECTIVELY, "COVERAGE/SOURCE"]. THIS IS A DIRECT ASSIGNMENT TO THE HOSPITAL OF ANY AND ALL OF MY RIGHTS TO RECEIVE BENEFITS ARISING OUT OF ANY COVERAGE SOURCE. I UNDERSTAND THAT THIS ASSIGNMENT OF BENEFITS IS IRREVOCABLE. THIS ASSIGNMENT OF BENEFITS FULLY AND COMPLETELY ENCOMPASSES ANY LEGAL CLAIM I MAY HAVE AGAINST ANY COVERAGE SOURCE, INCLUDING, BUT NOT LIMITED TO, MY RIGHTS TO APPEAL ANY DENIAL OF BENEFITS ON MY BEHALF, TO REQUEST AND OBTAIN PLAN DOCUMENTS, TO PURSUE LEGAL ACTION AGAINST ANY COVERAGE SOURCE, AND/OR TO FILE A COMPLAINT WITH THE NEW JERSEY DEPARTMENT OF BANKING AND INSURANCE.

I AUTHORIZE AND DIRECT PAYMENT BE MADE BY ANY AND ALL COVERAGE SOURCE DIRECTLY TO THE HOSPITAL OF ALL BENEFITS, PAYMENTS, MONIES, CHECKS, FUNDS, WIRE TRANSFERS OR RECOVERY OF ANY KIND WHATSOEVER FROM ANY COVERAGE SOURCE. I ALSO AGREE TO ASSIST THE HOSPITAL IN PURSUING PAYMENT FROM ANY COVERAGE SOURCE. THIS INCLUDES, WITHOUT LIMITATION, SIGNING DOCUMENTS REQUESTED OR NEEDED TO PURSUE CLAIMS AND APPEALS, GETTING DOCUMENTS FROM COVERAGE SOURCE, OR OTHERWISE TO SUPPORT PAYMENT TO THE HOSPITAL. I ALSO DIRECT AND AGREE THAT ANY PAYMENTS OF ANY KIND (E.G., CHECKS, FUNDS, PAYMENTS, MONIES, BENEFITS OR RECOVERY FOR COVERAGE OF SERVICES BY THE HOSPITAL THAT IS SENT DIRECTLY TO ME (OR TO ANOTHER THIRD PARTY RESPONSIBLE FOR ME) WILL BE SENT AND TURNED OVER IMMEDIATELY BY ME TO THE HOSPITAL, THROUGH WHATEVER MEANS NECESSARY. THIS INCLUDES, WITHOUT LIMITATION, ME AND IF NEEDED ANY GUARDIAN ENDORSING OVER ANY CHECKS AND/OR OTHER DOCUMENTS TO THE HOSPITAL. I ALSO UNDERSTAND THAT IF I FAIL TO TURN OVER TO THE HOSPITAL ANY SUCH PAYMENTS SENT DIRECTLY TO ME (OR TO ANOTHER THIRD PARTY RESPONSIBLE FOR ME), I WILL BE FINANCIALLY RESPONSIBLE TO THE HOSPITAL FOR THE AMOUNT OF SUCH PAYMENTS, AND I MAY ALSO BE SUBJECT TO CIVIL OR CRIMINAL PROSECUTION TO THE FULLEST EXTENT PERMITTED BY LAW.

I HEREBY AUTHORIZE AND DESIGNATE THE HOSPITAL AS MY AUTHORIZED AGENT AND REPRESENTATIVE TO ACT ON MY BEHALF WITH RESPECT TO ALL MATTERS RELATED TO ALL OF MY RIGHTS, BENEFITS, PRIVILEGES, PROTECTIONS, CLAIMS, CAUSES OF ACTION, INTERESTS OR RECOVERY ARISING OUT OF ANY COVERAGE SOURCE. THIS INCLUDES, WITHOUT LIMITATION, THE HOSPITAL REQUESTING VERIFICATION OF COVERAGE/PRE-CERTIFICATION/AUTHORIZATION, FILING PRE-SERVICE AND POST-SERVICE CLAIMS AND APPEALS, RECEIVING ALL INFORMATION, DOCUMENTATION, SUMMARY PLAN DESCRIPTIONS, BARGAINING AGREEMENTS, TRUST AGREEMENTS, CONTRACTS, AND ANY INSTRUMENTS UNDER WHICH THE PLAN IS ESTABLISHED OR OPERATED, AS WELL AS RECEIVING ANY POLICIES, PROCEDURES, RULES, GUIDELINES, PROTOCOLS OR OTHER CRITERIA CONSIDERED BY THE COVERAGE SOURCE, IN CONNECTION WITH ANY CLAIMS, APPEALS, OR NOTIFICATIONS RELATED TO CLAIMS OR APPEALS.

#### STATEMENT OF FINANCIAL RESPONSIBILITY

I UNDERSTAND THAT I AM FINANCIALLY AND LEGALLY RESPONSIBLE FOR CHARGES NOT COVERED IN FULL BY THE ASSIGNMENT OF BENEFITS DESCRIBED IN THE PRECEDING SECTION, INCLUDING, BUT NOT LIMITED TO, ANY DEDUCTIBLES, COPAYMENTS, AND COINSURANCE AMOUNTS PROVIDED UNDER ANY COVERAGE SOURCE; AND CHARGES FOR WHICH THERE IS NO COVERAGE SOURCE. I FURTHER AGREE THAT SHOULD I NOT PAY ANY BALANCE FOR WHICH I AM LEGALLY RESPONSIBLE AS SET FORTH IN THIS SECTION WITHIN THIRTY (30) DAYS AFTER THE DATE OF DISCHARGE, MY ACCOUNT WILL BE CONSIDERED DELINQUENT. I AGREE TO PAY COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES AND COSTS, COLLECTION AGENCY FEES AND COSTS, AND INTEREST WHICH SHALL ACCRUE AT THE MAXIMUM RATE ALLOWED BY LAW.

#### CONSENT TO CONTACT

BY PROVIDING US WITH YOUR LANDLINE OR CELL PHONE NUMBER(S), YOU GIVE YOUR CONSENT FOR US, OUR AGENTS, AND TO OUR COLLECTION AGENTS, TO CONTACT YOU AT THESE NUMBERS, OR, AT ANY NUMBER THAT IS LATER ACQUIRED FOR YOU, AND, TO LEAVE LIVE, OR PRE-RECORDED MESSAGES REGARDING ANY ACCOUNTS OR SERVICES. FOR GREATER EFFICIENCY, CALLS MAY BE DELIVERED BY AN AUTODIALER.

#### PRE-CERTIFICATION REQUIREMENTS

I UNDERSTAND THAT IF I DO NOT COMPLY WITH MY INSURANCE POLICY PRE-CERTIFICATION REQUIREMENTS OR IF ANY SERVICE IS NOT CERTIFIED, THEN I MAY NOT BE ENTITLED TO INSURANCE BENEFITS. IN THAT EVENT, I MAY BE RESPONSIBLE FOR ANY AND ALL CHARGES OF THE MEDICAL CENTER AT ITS REGULAR RATES AS SET FORTH IN PARAGRAPH 7.

#### PHYSICIAN CHARGES

I UNDERSTAND THAT THE MEDICAL CENTER'S CHARGES DO NOT INCLUDE THE FEES OF THE PATIENT'S TREATING PHYSICIAN(S), IF APPLICABLE. I UNDERSTAND THAT I WILL RECEIVE A SEPARATE BILL FOR THESE SERVICES AND SUCH BILLS MAY COME DIRECTLY FROM THE PHYSICIAN(S), SUCH AS EMERGENCY ROOM PHYSICIANS, RADIOLOGISTS, PATHOLOGISTS, ANESTHESIOLOGISTS, AND OTHER SPECIALISTS. I UNDERSTAND THAT LEVEL OF INSURANCE BENEFITS PAYABLE FOR TREATMENT BY THE PATIENT'S TREATING PHYSICIAN(S) MAY DIFFER FROM THE LEVEL OF INSURANCE BENEFITS PAYABLE FOR TREATMENT PROVIDED BY THE MEDICAL CENTER. IT IS MY RESPONSIBILITY TO DETERMINE THE EXTENT OF MY INSURANCE COVERAGE FOR TREATMENT BY ANY TREATING PHYSICIAN AT THE MEDICAL CENTER.

UNLESS OTHERWISE REVOKED BY ME, THIS AUTHORIZATION IS CONSIDERED VALID FOR (6) MONTHS FROM THE DATE BELOW. I UNDERSTAND THAT REVOCATION MAY NOT BE MADE IF ACTION HAS ALREADY BEEN TAKEN IN RELIANCE ON THIS AUTHORIZATION. I ALSO UNDERSTAND THAT THIS CONSENT SHALL OPERATE AS A COMPLETE RELEASE OF LIABILITY TO THE HOSPITAL AND THE PHYSICIANS AND THEIR EMPLOYEES AND AGENTS FOR THE RELEASE OF INFORMATION AS STATE ABOVE.

IN WITNESS WHEREOF THE UNDERSIGNED HAVE HERINTO SET THEIR HANDS

WITNESS SIGNATURE: *[Signature]*

PATIENT SIGNATURE: *[Signature]*

IF PATIENT IS UNABLE TO CONSENT OR IS A MINOR, COMPLETE THE FOLLOWING:

( ) PATIENT IS MINOR OF: \_\_\_\_\_ YEARS OF AGE. ( ) UNABLE TO CONSENT BECAUSE: \_\_\_\_\_

## Exhibit E



K&L GATES

Stacey A. Hyman  
D 973.848.4028  
F 973.848.4001  
stacey.hyman@klgates.com

June 2, 2016

Via Regular Mail and E-Mail

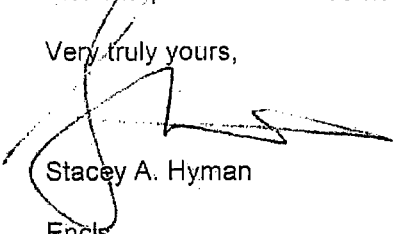
Mark H. Ginsberg, Esq.  
GORLICK, KRAVITZ & LISTHAUS, P.C.  
11 State Street, 4th Floor  
New York, New York 10004

**Re: *HUMC OPCO, LLC d/b/a/ CarePoint Health – Hoboken University Medical Center  
v. United Benefit Fund, Aetna Health Inc., and Omni Administrators Inc.***  
**Civ. Action No. 2:16-CV-00168(KM)(MAH)**

Dear Mr. Ginsberg:

Please disregard and destroy any copies of the Assignment of Benefits enclosed in our letter dated May 24, 2016. A correct Assignment of Benefits and Authorized Agent Request for Victor Lopez are enclosed herewith.

Very truly yours,



Stacey A. Hyman

Encls.

cc: Anthony P. La Rocco, Esq. (e-mail only)  
George P. Barbatsuly, Esq. (e-mail only)

K&L GATES LLP  
ONE NEWARK CENTER TENTH FLOOR NEWARK NJ 07102  
T +1 973 848 4000 F +1 973 848 4001 kl gates.com

Anthony P. La Rocco, Administrative Partner

kl gates.com

CONFIDENTIAL

CarePoint Health  
Hoboken University Medical Center  
308 Willow Avenue  
Hoboken, New Jersey 07030

Acct: A00201377645

Unit: H002014915

DATE: 12/18/14

TIME: 0944

FORM ID:

Age/Sex: 49 M  
Amin HD, Deepak K

RM/LOC: H411-1

DOB:

SD: 05/29/14

# ASSIGNMENT OF INSURANCE BENEFITS/DIRECT PAYMENT/AUTHORIZED REPRESENTATIVE AGENT

I HEREBY ASSIGN TO THE HOSPITAL ALL OF MY RIGHTS, BENEFITS, PRIVILEGES, PROTECTIONS, CLAIMS, CAUSES OF ACTION, INTERESTS OR RECOVERY, TO ANY AND ALL RIGHTS, BENEFITS, PRIVILEGES, PROTECTIONS, CLAIMS, CAUSES OF ACTIONS, INTERESTS, OR RECOVERY OF ANY TYPE WHATSOEVER RECEIVABLE BY ME OR ON MY BEHALF ARISING OUT OF ANY POLICY OF INSURANCE, PLAN, TRUST, FUND, OR OTHERWISE PROVIDING HEALTH CARE COVERAGE OF ANY TYPE TO ME (OR TO ANY OTHER THIRD PARTY RESPONSIBLE FOR ME) FOR THE CHARGES FOR SERVICE RENDERED TO ME BY THE HOSPITAL. THIS INCLUDES, WITHOUT LIMITATION, ANY PRIVATE OR GROUP HEALTH/HOSPITALIZATION PLAN, AUTOMOBILE LIABILITY, GENERAL LIABILITY, PERSONAL INJURY PROTECTION, MEDICAL PAYMENTS, UNINSURED OR UNDERINSURED MOTOR VEHICLES BENEFITS, SETTLEMENTS/JUDGMENTS/VERDICTS, SELF FUNDED PLAN, TRUST, WORKERS COMPENSATION, MEWA, COLLECTIVE, OR ANY OTHER THIRD-PARTY [COLLECTIVELY, "COVERAGE SOURCE"].

I AUTHORIZE AND DIRECT PAYMENT BE MADE BY ANY AND ALL COVERAGE SOURCE DIRECTLY TO THE HOSPITAL OF ALL BENEFITS, PAYMENTS, MONIES, CHECKS, FUNDS, WIRE TRANSFERS OR RECOVERY OF ANY KIND WHATSOEVER FROM ANY COVERAGE SOURCE. I ALSO AGREE TO ASSIST THE HOSPITAL IN PURSUING PAYMENT FROM ANY COVERAGE SOURCE. THIS INCLUDES, WITHOUT LIMITATION, SIGNING DOCUMENTS REQUESTED OR NEEDED TO PURSUE CLAIMS AND APPEALS, GETTING DOCUMENTS FROM COVERAGE SOURCE, OR OTHERWISE TO SUPPORT PAYMENT TO THE HOSPITAL. I ALSO DIRECT AND AGREE THAT ANY PAYMENTS OF ANY KIND (E.G., CHECKS, FUNDS, PAYMENTS, MONIES, BENEFITS OR RECOVERY FOR COVERAGE OF SERVICES BY THE HOSPITAL THAT IS SENT DIRECTLY TO ME (OR TO ANOTHER THIRD PARTY RESPONSIBLE FOR ME) WILL BE SENT AND TURNED OVER IMMEDIATELY BY ME TO THE HOSPITAL, THROUGH WHATEVER MEANS NECESSARY. THIS INCLUDES, WITHOUT LIMITATION, ME AND IF NEEDED ANY GUARDIAN ENDORSING OVER ANY CHECKS AND/OR OTHER DOCUMENTS TO THE HOSPITAL. I ALSO UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR CHARGES NOT PAID ACCORDING TO THIS PROVISION, TO THE FULL EXTENT PERMITTED BY LAW.

I HEREBY AUTHORIZE AND DESIGNATE THE HOSPITAL, AS MY AUTHORIZED AGENT AND REPRESENTATIVE TO ACT ON MY BEHALF WITH RESPECT TO ALL MATTERS RELATED TO ALL OF MY RIGHTS, BENEFITS, PRIVILEGES, PROTECTIONS, CLAIMS, CAUSES OF ACTION, INTERESTS OR RECOVERY ARISING OUT OF ANY COVERAGE SOURCE. THIS INCLUDES, WITHOUT LIMITATION, THE HOSPITAL REQUESTING VERIFICATION OF COVERAGE/PRE-CERTIFICATION/AUTHORIZATION, FILING PRE-SERVICE AND POST-SERVICE CLAIMS AND APPEALS, RECEIVING ALL INFORMATION, DOCUMENTATION, SUMMARY PLAN DESCRIPTIONS, BARGAINING AGREEMENTS, TRUST AGREEMENTS, CONTRACTS, AND ANY INSTRUMENTS UNDER WHICH THE PLAN IS ESTABLISHED OR OPERATED, AS WELL AS RECEIVING ANY POLICIES, PROCEDURES, RULES, GUIDELINES, PROTOCOLS OR OTHER CRITERIA CONSIDERED BY THE COVERAGE SOURCE, IN CONNECTION WITH ANY CLAIMS, APPEALS, OR NOTIFICATIONS RELATED TO CLAIMS OR APPEALS.

## STATEMENT OF FINANCIAL RESPONSIBILITY

I UNDERSTAND THAT I AM FINANCIALLY AND LEGALLY RESPONSIBLE FOR CHARGES NOT COVERED IN FULL BY ANY THIRD PARTY, TO THE FULL EXTENT PERMITTED BY LAW. I FURTHER AGREE THAT SHOULD I NOT PAY ANY BALANCE OWED BY ME WITHIN THIRTY (30) DAYS AFTER THE DATE OF DISCHARGE, MY ACCOUNT WILL BE CONSIDERED DELINQUENT. I AGREE TO PAY COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES AND COSTS, COLLECTION AGENCY FEES AND COSTS, AND INTEREST WHICH SHALL ACCRUE AT THE MAXIMUM RATE ALLOWED BY LAW.

## CONSENT TO CONTACT

BY PROVIDING US WITH YOUR HANDLINE OR CELL PHONE NUMBERS(S), YOU GIVE YOUR CONSENT FOR US, OUR AGENTS, AND TO OUR COLLECTION AGENTS, TO CONTACT YOU AT THESE NUMBERS, OR, AT ANY NUMBER THAT IS LATER ACQUIRED FOR YOU, AND TO LEAVE LIVE, OR PRE-RECORDED MESSAGES REGARDING ANY ACCOUNTS OR SERVICES. FOR GREATER EFFICIENCY, CALLS MAY BE DELIVERED BY AN AUTODIALER.

## PRE-CERTIFICATION REQUIREMENTS

I UNDERSTAND THAT IF I DO NOT COMPLY WITH MY INSURANCE POLICY PRE-CERTIFICATION REQUIREMENTS OR IF ANY SERVICE IS NOT CERTIFIED, THEN I MAY NOT BE ENTITLED TO INSURANCE BENEFITS. IN THAT EVENT, I MAY BE RESPONSIBLE FOR ANY AND ALL CHARGES OF THE MEDICAL CENTER AT ITS REGULAR RATES AS SET FORTH IN PARAGRAPH 7.

## PHYSICIAN CHARGES

I UNDERSTAND THAT THE MEDICAL CENTER'S CHARGES DO NOT INCLUDE THE FEES OF THE PATIENT'S TREATING PHYSICIAN(S). IF APPLICABLE I UNDERSTAND THAT I WILL RECEIVE A SEPARATE BILL FOR THESE SERVICES, AND SUCH BILLS MAY COME DIRECTLY FROM THE PHYSICIAN(S), SUCH AS EMERGENCY ROOM PHYSICIANS, RADIOLOGISTS, PATHOLOGISTS, ANESTHESIOLOGISTS, AND OTHER SPECIALISTS. I UNDERSTAND THAT LEVEL OF INSURANCE BENEFITS PAYABLE FOR TREATMENT BY THE PATIENT'S TREATING PHYSICIAN(S) MAY DIFFER FROM THE LEVEL OF INSURANCE BENEFITS PAYABLE FOR TREATMENT PROVIDED BY THE MEDICAL CENTER. IT IS MY RESPONSIBILITY TO DETERMINE THE EXTENT OF MY INSURANCE COVERAGE FOR TREATMENT BY ANY TREATING PHYSICIAN AT THE MEDICAL CENTER.

UNLESS OTHERWISE REVOKED BY ME, THIS AUTHORIZATION IS CONSIDERED VALID FOR (6) MONTHS FROM THE DATE BELOW. I UNDERSTAND THAT REVOCATION MAY NOT BE MADE IF ACTION HAS ALREADY BEEN TAKEN IN RELIANCE ON THIS AUTHORIZATION. I ALSO UNDERSTAND THAT THIS CONSENT SHALL OPERATE AS A COMPLETE RELEASE OF LIABILITY TO THE HOSPITAL AND THE PHYSICIANS AND THEIR EMPLOYEES AND AGENTS FOR THE RELEASE OF INFORMATION AS STATED ABOVE.

IN WITNESS WHEREOF, THE UNDERSIGNED HAVE HEREINTO SET THEIR HANDS

WITNESS SIGNATURE

BLES DE UDON

PATIENT SIGNATURE

IF PATIENT IS UNABLE TO CONSENT OR IS A MINOR, COMPLETE THE FOLLOWING:

( ) PATIENT IS MINOR OF \_\_\_\_\_ YEARS OF AGE. ( ) UNABLE TO CONSENT BECAUSE: \_\_\_\_\_

**CONFIDENTIAL**

## aetna<sup>SM</sup> Authorized Representative Request

FAX Number

Member Name [REDACTED]	Aetna ID Number
Provider of Service Hoboken University Medical Center	
Name and Dates of Service or Proposed Service Dates of Service 5/29/14 thru Current for Inpatient Care	

I, [REDACTED], do hereby name

*Print the name of the member who is receiving the service or supply*

Meika Roberson and CarePoint Health Management Associates

*Print the name of the person who is being authorized to act on the member's behalf*

to act as my authorized representative in requesting (check one) ☐ a complaint or ☐ an appeal from Aetna regarding the above-noted service or proposed service.

**IMPORTANT: Your signature below means that you understand and agree to the following:**

- In conjunction with this (check one) ☐ complaint or ☒ appeal, Aetna may disclose Protected Health Information ("PHI") to the above-named authorized representative ("Representative").
- The PHI disclosed pursuant to this authorization may include diagnosis and treatment information, including information pertaining to chronic diseases, behavioral health conditions, alcohol or substance abuse, communicable diseases, sexually-transmitted diseases, HIV/AIDS, and/or genetic marker information.
- Information disclosed pursuant to this authorization may be redisclosed by the Representative and may no longer be protected by federal or state privacy regulations.
- If you would like to pursue (check one) ☐ a complaint or ☐ an appeal, at the Representative's request, but do not want the Representative to receive any PHI or other information related to the (check one) ☐ complaint or ☐ appeal, including the (check one) ☐ complaint or ☐ appeal, decision, you may indicate that choice by checking the box on the signature line below.
- Your ability to enroll in an Aetna plan, and your eligibility for benefits and payment for services, will not be affected if you do not sign this form. However, without your signature, we cannot process the (check one) ☐ complaint or ☒ appeal, initiated by the Representative.
- This authorization is only valid for the duration of the (check one) ☐ complaint or ☒ appeal. If you sign this form, you may revoke the authorization at any time by notifying Aetna in writing at the address above. Revoking this authorization will not have any effect on actions that Aetna took in reliance on the authorization before we received the notification.

☒ Please accept this (check one) ☐ complaint or ☒ appeal, from my representative on my behalf; however, forward all information related to this (check one) ☐ complaint or ☒ appeal, including the (check one) ☐ complaint or ☒ appeal decision and any request you may have for additional information, to my attention only.

Signature [REDACTED]	Date 2/17/15
Print Name [REDACTED]	
If person signing this Authorization is not the Member, describe relationship to the Member (i.e. Parent, Legal Representative) wife of [REDACTED]	

Legal Representatives signing this authorization on behalf of a Member must furnish a copy of a health care power of attorney, or other relevant document that grants the applicable legal authority.

I, [REDACTED] hereby authorize the use and/or disclosure of my protected health information as described below:

**Description of information to be used or disclosed:** Any information regarding my or my dependent's medical or claims history, including medical records, medical reports, insurance applications, and claims.

**Purpose of the use/disclosure:** To obtain payment on a claim for healthcare services provided by Hoboken University Medical Center on and after 5/29/2014.

**Who is authorized to use/disclose this information:** Meika Roberson and CarePoint Health Management Associates, Aetna, any healthcare provider that may have treated me or my dependent, or any other insurance company, plan fiduciary, or third-party payer that may have responsibility for a medical claim of mine or my dependent.

**Who is authorized to receive this information:** Meika Roberson and CarePoint Health Management Associates, Aetna, or any other insurance company, plan fiduciary, or third-party payer that may have responsibility for a medical claim of mine or my dependent.

If not previously revoked, this authorization shall terminate on the date that Meika Roberson and CarePoint Health Management Associates receives notice that this claim has been paid or the date that Meika Roberson and CarePoint Health Management Associates determines that no further action against the insurer is warranted.

In connection with this authorization, I understand the following:

**Re-disclosure:** If the organization or person authorized to receive this information is not a healthcare provider or health plan covered by the federal privacy regulations, the information described above may be disclosed to other institutions and would no longer be protected by the regulations.

**Refusal to sign:** I can refuse to sign this authorization, and my refusal to sign this authorization will not affect my eligibility for benefits, or my ability to obtain treatment or payment.

**Right of inspection:** I have the right to inspect the information sought to be used or disclosed under this authorization, as permitted by the federal privacy regulations.

**Right of revocation:** I have the right to revoke this authorization at any time by sending written notification to Meika Roberson and CarePoint Health Management Associates at 10 Exchange Place, 16<sup>th</sup> Floor, Jersey City, NJ 07302. Such a revocation will not apply to prior actions taken in reliance on the authorization.

[REDACTED] C.L.  
Name of Patient (Please Print)/

Date 2/17/15

[REDACTED] C.L.  
Signature of Patient

**CONFIDENTIAL**

AUTHORIZATION TO PURSUE CLAIM/APPEAL

With respect to healthcare expenses incurred as a result of the services I received on and after 5/29/2014 from Hoboken University Medical Center, I, [REDACTED], hereby authorize and convey to Meika Roberson and CarePoint Health Management Associates to the full extent permissible under Federal and State law and under any applicable insurance policy and/or employee health care benefit plan: (1) the right and ability to act as my Authorized Representative in connection with any claim, right, matter, or cause of action that I may have under such insurance policy and/or benefit plan; and (2) the right and ability to act as my Authorized Representative to pursue such claim, right, matter, or cause of action in connection with said insurance policy and/or benefit plan, including the right and ability to act as my Authorized Representative with respect to a benefit plan governed by the provisions of the Employee Retirement Income Security Act ("ERISA").

I authorize Meika Roberson and CarePoint Health Management Associates to act on my behalf to (1) obtain copies of my insurance policy or benefit plan documents from Aetna or other Plan Administrator; (2) pursue appeals of adverse benefits decisions, claims for breaches of fiduciary duty under ERISA, external appeal review under Federal or State statute, administrative hearings, or legal actions to obtain payment from any payor; (3) disclose my protected health information to Aetna, its affiliates, any plan fiduciary, or independent review organization that may be involved in the resolution of claims, in connection with filing or appealing any claim for benefits due; and (4) receive any notices in connection with my benefit claims or appeals concerning same.

This authorization shall not be construed as an obligation of Meika Roberson and CarePoint Health Management Associates to pursue any such right of recovery. I acknowledge and understand that I maintain my right of recovery against my insurer or health benefit plan and the foregoing authorization does not divest me of such rights.

I also authorize Aetna, its affiliates, or any other third party that may be involved in the resolution of claims relating to the services provided to me on and after 5/29/2014 by Hoboken University Medical Center to release any information regarding plan benefits, claim status, claim approval, claim denial, and appeal status to Meika Roberson and CarePoint Health Management Associates.

I understand that I may revoke this authorization at any time by sending written notification to Meika Roberson and CarePoint Health Management Associates at 10 Exchange Place, 16<sup>th</sup> Floor, Jersey City, NJ 07302. Such a revocation will not apply to prior actions taken in reliance on the authorization. If not previously revoked, this authorization will terminate on the date that CarePoint Health System receives notice that this claim has been paid or the date that CarePoint Health System determines that no further action against the insurer is warranted.

[REDACTED] d.L  
Name of Patient (Please Print)

2/17/15  
Date

[REDACTED] d.L  
Signature of Patient

AUTHORIZATION TO RELEASE INFORMATION

**CONFIDENTIAL**



**CONFIDENTIAL**

\* \* \* Communication Result Report ( Jun. 11. 2015 12:15PM ) \* \* \*

132

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E. 2) Busy
E. 4) No facsimile connection
E. 6) Destination does not support IP-Fax
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**aetna** Authorized Representative Request

PAX Number

Member Name  
Address Number

Provider of Service  
Physician/University Medical Center  
Name and Office of Physician or Proposed Service  
Dates of Service (DD/MM/YYYY format for legal cases)

Print the name of the member who is seeking the service or supply  
Melba Hernandez and Carlos Rafael Hernandez Alvarado  
Print the name of the person who is being with appeal to use the member's health

To act as my authorized representative in requesting (check one) ☐ a complaint or ☐ an appeal from Aetna regarding the above-said service or proposed service.

**IMPORTANT: Your signature below means that you understand and agree to the following:**

- ☐ In compliance with this form one) ☐ complaint or ☐ appeal, Aetna may disclose Protected Health Information ("PHI") to the above-named authorized representative ("Representative").
- ☐ The PHI disclosed pursuant to this authorization may include diagnosis and treatment information, including information pertinent to chronic diseases, behavioral health conditions, alcohol or substance abuse, communicable diseases, sexually-transmitted diseases, HIV/AIDS, and/or genetic marker information.
- ☐ Information disclosed pursuant to this authorization may be redacted by the Representative and any no longer be protected by federal or state privacy regulations.
- ☐ If you would like to pursue (check one) ☐ a complaint or ☐ an appeal, the Representative's request, but do not want the Representative to receive any PHI on (the information related to the (check one) ☐ complaint or ☐ appeal, including the (check one) ☐ complaint or ☐ appeal decision, you may indicate that choice by checking the box on the signature line below.
- ☐ Your ability to email to an Aetna plan, and your ability for benefits and payment for services, will not be affected if you do not sign this form. However, without your signature, we cannot process the (check one) ☐ complaint or ☐ appeal, including the (check one) ☐ complaint or ☐ appeal decision.
- ☐ This authorization is only valid to the degree of the (check one) ☐ complaint or ☐ appeal. If you sign this form, you may use the information at any time by notifying Aetna of your decision. Notifying this authorization will not have any effect on actions that Aetna took in reliance on the information before we received this authorization.
- ☐ I agree to (check one) ☐ complaint or ☐ appeal, from my representative on my behalf; however, I may not authorize the (check one) ☐ complaint or ☐ appeal, including the (check one) ☐ complaint or ☐ appeal decision and may request you may have for additional information, to my attention only.

Date 2/17/15

Signature  
Print Name  
If you are signing this Authorization for the Member, describe relationship to the Member as: Parent, Legal Representative  
wife of

Print Date (DD/MM/YYYY) 2/17/15

Print Date (DD/MM/YYYY) 2/17/15

09-0710 (31)

**CONFIDENTIAL**

## Exhibit F

CONFIDENTIAL – SUBJECT TO CONFIDENTIALITY ORDER

**GORLICK, KRAVITZ & LISTHAUS, P.C.**

ATTORNEYS AT LAW

17 STATE STREET, 4TH FLOOR  
NEW YORK, NEW YORK 10004-1501

(212) 269-2500

FAX (212) 269-2540

WWW.GKLLAW.COM

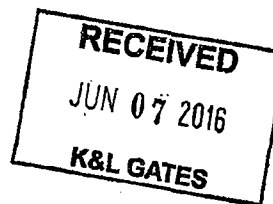
BUFFALO OFFICE:  
442 POTOMAC AVENUE  
BUFFALO, NY 14213  
(716) 881-0800  
FAX (716) 881-0810

LAWRENCE A. KRAVITZ (1972-2002)  
BRUCE L. LISTHAUS  
BARBARA S. MEHLSACK\*

NEW JERSEY OFFICE:  
60 PARK PLACE, 6TH FLOOR  
NEWARK, NJ 07102  
(973) 824-5811

OF COUNSEL  
ANDREW A. GORLICK\*

June 3, 2016



Via Email and Mail

Anthony La Rocco, Esq.  
Stacey A. Hyman, Esq.  
K&L Gates LLP  
One Newark Center, Tenth Floor  
Newark, NJ 07102-5252  
anthony.larocco@klgates.com  
stacey.hyman@klgates.com

Re: *HUMC OPCO LLC v. United Benefit Fund, et al.*  
U.S. District Court, District of New Jersey  
Civil Action No.: 2:16-cv-168 (KM)(MAH)

Dear Counselors:

Reference is made to your letter of June 2, 2016 in which you provide an "assignment of benefits" form and various other assignments of rights executed "for" [REDACTED] by a [REDACTED] who purports to be his wife. Noticeably absent, however, is any health care proxy, power of attorney or other relevant document that would grant [REDACTED] the legal authority to execute such assignments of rights "for" [REDACTED]. In fact, we have no proof that she is even his wife.<sup>1</sup>

In response to this firm's demand for the production of the assignment of rights that is the basis of HUMC's Amended Complaint, on May 25, 2016 HUMC produced an assignment of rights purportedly executed by the [REDACTED] who is the subject of this action, but in actuality executed by a different [REDACTED]. By letter dated June 2, 2016, this firm objected to the invalid assignment and reiterated its demand that HUMC produce a valid assignment of rights. By letter dated June 2, 2016, HUMC "retracted" the invalid assignment and requested that it be destroyed. No valid assignment has been forthcoming.

Thus it appears on the basis of the documents HUMC has produced that HUMC has no valid assignment of rights from [REDACTED]. For this reason, and in accordance with Rule 11

<sup>1</sup> UBF terminated coverage of [REDACTED] in 2012 for her failure to provide an auditor with proof of her alleged marriage to [REDACTED]. However, even if [REDACTED] were married to [REDACTED], New Jersey law does not authorize her to execute assignments of rights on his behalf.

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GORLICK, KRAVITZ & LISTHAUS, P.C.

CONFIDENTIAL

Anthony La Rocco, Esq.

Stacey A. Hyman, Esq.

June 3, 2016

Page 2

of the Federal Rules of Civil Procedure (the "Rules"), UBF and Aetna hereby demand that HUMC immediately dismiss its Amended Complaint as it is clearly frivolous.

HUMC's allegations of standing are entirely predicated on the assertion that [REDACTED] executed an assignment of rights to HUMC. (Amended Complaint ¶ 48). As no such document exists, HUMC is without standing to bring the instant action.

Rule 11 provides that, by virtue of presenting the court with a pleading, an attorney certifies to the best of his or her knowledge:

(2) the claims, defenses, and other legal contentions are warranted by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law or for establishing new law;

(3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery.

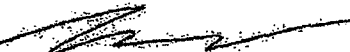
F.R.C.P. 11(b)(2) and (3). The Rule further provides that "[i]f, after notice and a reasonable opportunity to respond, the court determines that Rule 11(b) has been violated, the court may impose an appropriate sanction on any attorney, law firm, or party that violated the rule or is responsible for the violation. F.R.C.P. 11(e)(1).

Each of HUMC's three causes of action rely on the assertion that HUMC is an "assignee" of [REDACTED]. See, Amended Complaint ¶¶ 26, 27, 46, 48, 60 and 68. Indeed, as stated above, HUMC's claim to have standing to sue is based entirely on what we now know to be a non-existent assignment of rights. (Amended Complaint ¶ 48). As such, the continuance of this litigation would be frivolous and in violation of Rule 11. ~~CONFIDENTIAL~~ Voluntary dismissal of the Amended Complaint by HUMC, UBF and Aetna intend to seek the imposition of sanctions in accordance with the Rules.

In sum, HUMC's Amended Complaint is frivolous. Be guided accordingly.

Sincerely,

GORLICK, KRAVITZ  
& LISTHAUS, P.C.



Mark H. Ginsberg

cc: Russell L. Hirschhorn, Esq.

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UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF NEW JERSEY

HUMC OPCO LLC, d/b/a CAREPOINT  
HEALTH - HOBOKEN UNIVERSITY  
MEDICAL CENTER,

Plaintiff,

v.

UNITED BENEFIT FUND, AETNA  
HEALTH INC., and OMNI  
ADMINISTRATORS INC.,

Defendants.

Civil Action No.  
2:16-cv-00168 (KM/MAH)

---

DECLARATION OF [REDACTED]

---

I, [REDACTED] [REDACTED] pursuant to 28 U.S.C. § 1746, hereby declare the following:

1. I am the wife of the now deceased [REDACTED], or "Patient I," as described by Plaintiff HUMC OPCO LLC, d/b/a CarePoint Health – Hoboken University Medical Center ("HUMC") in their Amended Complaint. I have first-hand knowledge of the facts set forth in this Declaration.

2. [REDACTED] and I were married on September 28, 1985. A true and correct copy of our marriage license is attached hereto as *Exhibit 1*.

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3. [REDACTED] and I have four children from our marriage.

4. [REDACTED] and I have no children from outside our marriage.

5. On May 29, 2014, [REDACTED] suffered a stroke and was taken to the emergency room at HUMC, where he was treated and remained for 358 consecutive days.

6. Upon arrival, for the duration of his treatment, and up until his release from HUMC, [REDACTED] was unconscious and remained in a coma.

7. On May 29, 2014, I signed a "General Admission Consent" for consent for [REDACTED] medical treatment. A true and correct copy of the signed General Admission Consent is attached hereto as *Exhibit 2*.

8. On May 29, 2014, I also signed an "Assignment of Benefits" to HUMC on behalf of [REDACTED]. A true and correct copy of the signed May 29, 2014 Assignment of Benefits is attached hereto as *Exhibit 3*.

9. Throughout [REDACTED] stay at HUMC, I made all of [REDACTED] medical and insurance decisions.

10. Throughout [REDACTED] hospitalization, I interacted with the United Benefit Fund ("UBF"), Aetna Health Inc. ("Aetna") and Omni Administrators, Inc. ("Omni") on behalf of [REDACTED] and at no time did anyone from UBF, Aetna or Omni ever inform her that she was not authorized to make decisions on [REDACTED] behalf.

11. [REDACTED] was discharged from the hospital on or about May 22, 2015.
12. [REDACTED] passed away on May 30, 2015.
13. On June 9, 2016, I signed another "Assignment of Benefits" on behalf of [REDACTED]. A true and correct copy of the signed June 9, 2016 Assignment of Benefits is attached hereto as *Exhibit 4*.
14. The June 9 Assignment of Benefits assigned [REDACTED] rights, benefits, privileges, protections, claims, causes of action, interests or recovery of any type whatsoever receivable by [REDACTED] or on his behalf arising out of any policy of insurance, plan, trust, fund or otherwise providing health care coverage of any type to [REDACTED] (or to any other third party responsible for [REDACTED]) for the charges for services rendered to [REDACTED] by HUMC. This includes without limitation, any private group health/hospitalization plan medical payments.
15. The June 9 Assignment of Benefits is a direct assignment of any and all of [REDACTED] rights to receive benefits, arising out of any coverage source.

Dated: June 24, 2016

By: [REDACTED]

150000201  
**CERTIFICATE OF MARRIAGE**

Name of Groom (First, Middle, Last): [REDACTED]

Maiden Name of Bride (First, Middle, Last): [REDACTED]

Date of Marriage (Month/Day/Year):

September 28, 1985

Place of Marriage (City/County):

Jersey City, Hudson County

File Number:

Hoboken - 884

Date Filed:

September 30, 1985

Date Amended (if applicable):

N/A

Date Issued:

May 18, 2006

Issued By:

Jersey City, Office of the City Clerk

Robert Byrne, City Clerk

This is to certify that the above is correctly  
copied from a record on file in my office.

Certified copy not valid unless the raised  
Great Seal of the State of New Jersey  
or the seal of the issuing municipality  
or county is affixed hereon.

REG-48F  
JULY 04

Joseph P. Komarsinski, State Registrar  
Bureau of Vital Statistics

THIS DOCUMENT HAS MULTIPLE SECURITY FEATURES TO DETECT FRAUD. VOID IF ALTERED.

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## Exhibit 2

Name: [REDACTED]  
 DOB/SEX: [REDACTED] MALE  
 HOSP: HOBOKEN UMC  
 ATTENDING:

MRN: 2014915  
 ACT: 201377645  
 ADM: May 29, 2014 08:58

300 Willow Avenue Hoboken, NJ 07030

# GENERAL ADMISSION CONSENT

1. **CONSENT TO CARE:** I wish to be treated by and/or admitted to CarePoint Health Hoboken University Medical Center (the "Medical Center"). While I am a patient, I give permission to my doctor(s), the hospital employees, and all the persons caring for me to provide care in ways they judge are beneficial to me. I understand that this care may include tests, examinations and medical treatment. I understand that the Medical Center is a teaching hospital and that under the appropriate supervision, medical students, fellows and residents of the Medical Center, or other teaching affiliates may participate in my care and treatment, but I may decline such participation. I understand that no guarantee has been made to me about the outcome of this care. I hereby authorize the Medical Center to procure and use for scientific and/or teaching purposes, or dispose of any specimens or tissues taken from my body during hospitalization and hereby waive any claim or right I may have in such specimens or tissues.

2. **INDEPENDENT PHYSICIANS:** I understand and agree that (i) the physicians who participate in my care and treatment at the Medical Center are independent contractors or private practitioners who have been granted the privilege of using Medical Center facilities for the care and treatment of their patients; (ii) these physicians are not the agent or employee of the Medical Center and (iii) The Medical Center is not in any way responsible for the judgment or conduct of any physicians providing medical services at the hospital. While physicians who practice at the Medical Center must be admitted to the staff and continue to meet certain educational and experience requirements, I agree that the Medical Center is not responsible for the care provided to my by them.

3. **PATIENT RIGHTS:** I acknowledge that I have received a copy of the New Jersey Patient Bill of Rights and Information on Advance Directives. **ADVANCED DIRECTIVE:** Federal and State law require hospitals to ask the following questions of all adult patients being registered to their facility. Do you have an Advance Directive or Living Will for healthcare?

Name of Healthcare Proxy:

Was a copy of the document provided at the time of registration? ☐ Yes/☐ No

4. **RELEASE OF INFORMATION:** The Medical Center may use, release in and/or continue, all or part of any financial and medical information, including information regarding psychological, psychiatric, HIV and related diagnosis, drug and/or alcohol related illness, with any person, corporation or government agency that is or may be responsible to the hospital, the patient, and family member or employer for all or part of the Medical Center's charges or verification of the same. I acknowledge that the Medical Center may be required to release patient information, to federal and state agencies, the medical health care facilities, as well as any industries that produce and/or manufacture medical products. I authorize the Medical Center to provide access to my medical information to any person or organization in order to facilitate the provision of post hospital care, treatment or services. I acknowledge the Medical Center may access patient information from the medical record for the purposes of research. I acknowledge that I may be contacted to participate in a research study and that I have the right to agree or decline to participate. I understand that limited information will be utilized for CarePoint Health Hoboken University Medical Center patient satisfaction surveys.

5. **PERSONAL VALUABLES:** I understand that the Medical Center and its employees are not responsible for the loss of, or damage to, any money, jewelry or personal property. I acknowledge that these items should be sent home with family and friends. I accept full responsibility for any losses that I incur in my possession.

6. **AUTHORIZATION FOR TESTING:** In the event that any healthcare provider or first responder (including emergency medical service workers and police officers) involved in my care is exposed to my blood or bodily fluids and makes a request for testing and results of such testing, I consent to the drawing of blood for the purpose of testing it for various blood borne pathogens (including, but not limited to Human Immunodeficiency Virus (HIV) and Hepatitis B and C. I understand and agree that the results of the blood test shall be released to me and the healthcare provider/first responder exposed to my blood or bodily fluids. To the extent possible, these results will be provided to the healthcare provider/first responder without disclosing my name.

7. **MEDICARE PATIENTS ONLY:** I certify that the information given in applying for payment under the Title XVIII of the Social Security Act is correct. I authorize my holder of medical or other information to release to the Social Security Administration and the Center for Medicare & Medicaid Services or its intermediaries or carriers any information needed for this or a related Medicare claim. I request that direct payment of authorized benefits be made on my behalf. I assign the benefits payable for physician services to the physician or organization furnishing the service or authorize such physician or organization to submit a claim to Medicare for payment.

8. **NEW JERSEY HOSPITAL CARE ASSISTANCE PROGRAM:** I have received a copy of the notice of New Jersey hospital care assistance program.

I have read the information contained above, any questions I had have been answered, and I understand its contents. I assure that my personal information provided to the Medical Center is correct. I understand that providing incorrect information for the purpose of avoiding payment or for any other reason may be considered a violation of state and/or federal law. Patients objecting to any statement in the Consent Form may put a line through that statement and initial it. This action indicates that the patient is objecting to that statement and that their signature does not indicate consent or acknowledgement of that item. However, patients cannot delete their consent for treatment or release relating to their financial responsibility.

I understand that this form will be valid for the period of one year from the date signed for all outpatient services. I also understand that I have the right to ask questions at any time regarding my treatment, care or any terms contained on this consent. If I wish to revise my consent, I may do so by completing a new form or if I wish to withdraw my consent, I must do so in writing.

Signature of Patient: [REDACTED] Date: 5/29/14 Time: 9:11 AM  
 Signature of Healthcare Representative: [REDACTED] Date: 5/29/14 Time: 9:11 AM  
 (when patient is unable to give payment or is a minor)  
 Relationship to Patient: [REDACTED]  
 Witness Signature: [REDACTED] Date: 5/29/14 Time: 11:01 AM  
 Interpreter Name: [REDACTED] Interpreter ID# [REDACTED]  
☐ Approved Translated Service ☐ Physician ☐ Trained Staff Member

## Exhibit 3

CarePoint Health Hoboken University Medical Center  
308 Willow Avenue Hoboken, NJ 07030



ASSIGNMENT OF INSURANCE BENEFITS/DIRECT PAYMENT/AUTHORIZED REPRESENTATIVE/AGENT

I, the undersigned, hereby assign to the Hospital all my rights, interests, claims, and demands, including the right to sue, for the payment of the benefits payable under my insurance policy, and I hereby authorize the Hospital to act on my behalf with respect to all matters related to the payment of the benefits payable under my insurance policy.

I understand that the Hospital is not responsible for the payment of the benefits payable under my insurance policy, and I understand that the Hospital is not responsible for the payment of the benefits payable under my insurance policy.

I hereby authorize and designate the Hospital as my authorized agent and representative to act on my behalf with respect to all matters related to the payment of the benefits payable under my insurance policy, including the right to sue, for the payment of the benefits payable under my insurance policy.

STATEMENT OF FINANCIAL RESPONSIBILITY

I understand that I am financially and legally responsible for charges not covered in full by any third party, to the full extent permitted by law. I further agree that should I not pay any balance within thirty (30) days after the date of discharge, my account will be considered delinquent. I agree to pay costs of collection, including reasonable attorney's fees and costs, collection agency fees and costs, and interest which shall accrue at the maximum rate allowed by law.

CONTACT INFORMATION

BY PROVIDING US WITH YOUR LANDLINE OR CELL PHONE NUMBER, YOU GIVE YOUR CONSENT FOR US, OUR AGENTS, AND TO OUR COLLECTION AGENTS TO CONTACT YOU AT THESE NUMBERS, OR AT ANY NUMBER THAT IS LATER ACQUIRED FOR YOU, AND TO LEAVE VOICE OR PRE-RECORDED MESSAGES REGARDING ANY ACCOUNTS OR SERVICES. FOR GREATER EFFICIENCY, CALLS MAY BE DELIVERED BY AN AUTOMATED.

PRE-CONFIRMATION REQUIREMENTS

I understand that if I do not comply with my insurance policy pre-confirmation requirements or if any service is not confirmed, then I may not be entitled to insurance benefits. In that event, I may be responsible for any and all charges of the Medical Center at its regular rates as set forth in paragraph 11.

PHYSICIAN CHARGES

I understand that the Medical Center's charges do not include the fees of the patient's treating physician(s), if applicable. I understand that I will receive a separate bill for these services and such bills may come directly from the physician(s), such as emergency room physician, radiologist, pathologist, anesthesiologist, and other specialists. I understand that level of insurance benefits payable for treatment by the patient's treating physician(s) may differ from the level of insurance benefits payable for treatment provided by the Medical Center. It is my responsibility to determine the extent of my insurance coverage for treatment by any treating physician at the Medical Center.

UNLESS OTHERWISE REVOKED BY ME, THIS AUTHORIZATION IS CONSIDERED VALID FOR (6) MONTHS FROM THE DATE BELOW. I understand that revocation may not be made if action has already been taken in reliance on this authorization. I also understand that this consent shall operate as a complete release of liability to the Hospital and the physicians and their employees and agents for the release of information as state above.

IN WITNESS WHEREOF, THE UNDERSIGNED HAVE HEREIN SET THEIR HANDS

WITNESS SIGNATURE:

*[Signature]*

PATIENT SIGNATURE:

*[Signature]*

IF PATIENT IS UNABLE TO CONSENT OR IS A MINOR, COMPLETE THE FOLLOWING:

( ) PATIENT IS MINOR OF \_\_\_\_\_ YEARS OF AGE. UNABLE TO CONSENT BECAUSE: *Code B/T*

0420150001

OCN: 150420133264 SEQ: 0420150001 EP

## Exhibit 4



308 Wilcox Avenue  
Hoboken, NJ 07030  
Telephone: 201-418-1000  
www.HobokenUMC.com



Form ID: AOE  
ASSIGNMENT OF INSURANCE BENEFITS/DIRECT  
PAYMENT AUTHORIZED REPRESENTATIVE/AGENT  
Reorder #: 20068  
(Rev. 6/15)

PATIENT ID LABEL

I HEREBY ASSIGN TO THE HOSPITAL, ALL OF MY RIGHTS, BENEFITS, PRIVILEGES, PROTECTIONS, CLAIMS, CAUSES OF ACTION, INTERESTS OR RECOVERY, TO ANY AND ALL RIGHTS, BENEFITS, PRIVILEGES, PROTECTIONS, CLAIMS, CAUSES OF ACTION, INTERESTS, OR RECOVERY OF ANY TYPE WHATSOEVER RECEIVABLE BY ME OR ON MY BEHALF ARISING OUT OF ANY POLICY OF INSURANCE, PLAN, TRUST, FUND, OR OTHERWISE PROVIDING HEALTH CARE COVERAGE OF ANY TYPE TO ME (OR TO ANY OTHER THIRD PARTY RESPONSIBLE FOR ME) FOR THE CHARGES FOR SERVICES RENDERED TO ME BY THE HOSPITAL. THIS INCLUDES, WITHOUT LIMITATION, ANY PRIVATE OR GROUP HEALTH/HOSPITALIZATION PLAN, AUTOMOBILE LIABILITY, GENERAL LIABILITY, PERSONAL INJURY PROTECTION, MEDICAL PAYMENTS, UNINSURED OR UNDERINSURED MOTOR VEHICLE BENEFITS, SETTLEMENTS/JUDGMENTS/VERDICTS, SELF-FUNDED PLAN, TRUST, WORKERS COMPENSATION, MEWA, COLLECTIVE, OR ANY OTHER THIRD-PARTY PAYOR PROVIDING HEALTH CARE COVERAGE OF ANY TYPE TO ME (OR TO ANY OTHER THIRD PARTY RESPONSIBLE FOR ME) FOR THE CHARGES FOR SERVICES RENDERED TO ME BY THE HOSPITAL (COLLECTIVELY, "COVERAGE SOURCE"). THIS IS A DIRECT ASSIGNMENT TO THE HOSPITAL OF ANY AND ALL OF MY RIGHTS TO RECEIVE BENEFITS ARISING OUT OF ANY COVERAGE SOURCE. I UNDERSTAND THAT THIS ASSIGNMENT OF BENEFITS IS IRREVOCABLE. THIS ASSIGNMENT OF BENEFITS FULLY AND COMPLETELY ENCOMPASSES ANY LEGAL CLAIM I MAY HAVE AGAINST ANY COVERAGE SOURCE, INCLUDING, BUT NOT LIMITED TO, MY RIGHTS TO APPEAL ANY DENIAL OF BENEFITS ON MY BEHALF, TO REQUEST AND OBTAIN PLAN DOCUMENTS, TO PURSUE LEGAL ACTION AGAINST ANY COVERAGE SOURCE, AND/OR TO FILE A COMPLAINT WITH THE NEW JERSEY DEPARTMENT OF BANKING AND INSURANCE.

I AUTHORIZE AND DIRECT PAYMENT BE MADE BY ANY AND ALL COVERAGE SOURCE DIRECTLY TO THE HOSPITAL OF ALL BENEFITS, PAYMENTS, MONIES, CHECKS, FUNDS, WIRE TRANSFERS OR RECOVERY OF ANY KIND WHATSOEVER FROM ANY COVERAGE SOURCE. I ALSO AGREE TO ASSIST THE HOSPITAL IN PURSUING PAYMENT FROM ANY COVERAGE SOURCE. THIS INCLUDES, WITHOUT LIMITATION, SIGNING DOCUMENTS REQUESTED OR NEEDED TO PURSUE CLAIMS AND APPEALS, GETTING DOCUMENTS FROM COVERAGE SOURCE, OR OTHERWISE TO SUPPORT PAYMENT TO THE HOSPITAL. I ALSO DIRECT AND AGREE THAT ANY PAYMENTS OF ANY KIND (E.G., CHECKS, FUNDS, PAYMENTS, MONIES, BENEFITS OR RECOVERY FOR COVERAGE OF SERVICES BY THE HOSPITAL THAT IS SENT DIRECTLY TO ME (OR TO ANOTHER THIRD PARTY RESPONSIBLE FOR ME) WILL BE SENT AND TURNED OVER IMMEDIATELY BY ME TO THE HOSPITAL, THROUGH WHATEVER MEANS NECESSARY. THIS INCLUDES, WITHOUT LIMITATION, ME AND IF NEEDED ANY GUARDIAN ENDORSING OVER ANY CHECKS AND/OR OTHER DOCUMENTS TO THE HOSPITAL. I ALSO UNDERSTAND THAT IF I FAIL TO TURN OVER TO THE HOSPITAL ANY SUCH PAYMENTS SENT DIRECTLY TO ME (OR TO ANOTHER THIRD PARTY RESPONSIBLE FOR ME), I WILL BE FINANCIALLY RESPONSIBLE TO THE HOSPITAL FOR THE AMOUNT OF SUCH PAYMENTS, AND I MAY ALSO BE SUBJECT TO CIVIL OR CRIMINAL PROSECUTION TO THE FULLEST EXTENT PERMITTED BY LAW.

I HEREBY AUTHORIZE AND DESIGNATE THE HOSPITAL AS MY AUTHORIZED AGENT AND REPRESENTATIVE TO ACT ON MY BEHALF WITH RESPECT TO ALL MATTERS RELATED TO ALL OF MY RIGHTS, BENEFITS, PRIVILEGES, PROTECTIONS, CLAIMS, CAUSES OF ACTION, INTERESTS OR RECOVERY ARISING OUT OF ANY COVERAGE SOURCE. THIS INCLUDES, WITHOUT LIMITATION, THE HOSPITAL REQUESTING VERIFICATION OF COVERAGE/PRE-CERTIFICATION/AUTHORIZATION, FILING PRE-SERVICE AND POST-SERVICE CLAIMS AND APPEALS, RECEIVING ALL INFORMATION, DOCUMENTATION, SUMMARY PLAN DESCRIPTIONS, BARGAINING AGREEMENTS, TRUST AGREEMENTS, CONTRACTS, AND ANY INSTRUMENTS UNDER WHICH THE PLAN IS ESTABLISHED OR OPERATED, AS WELL AS RECEIVING ANY POLICIES, PROCEDURES, RULES, GUIDELINES, PROTOCOLS OR OTHER CRITERIA CONSIDERED BY THE COVERAGE SOURCE, IN CONNECTION WITH ANY CLAIMS, APPEALS, OR NOTIFICATIONS RELATED TO CLAIMS OR APPEALS.

#### STATEMENT OF FINANCIAL RESPONSIBILITY

I UNDERSTAND THAT I AM FINANCIALLY AND LEGALLY RESPONSIBLE FOR CHARGES NOT COVERED IN FULL BY THE ASSIGNMENT OF BENEFITS DESCRIBED IN THE PRECEDING SECTION, INCLUDING, BUT NOT LIMITED TO, ANY DEDUCTIBLES, COPAYMENTS, AND COINSURANCE AMOUNTS PROVIDED UNDER ANY COVERAGE SOURCE; AND CHARGES FOR WHICH THERE IS NO COVERAGE SOURCE. I FURTHER AGREE THAT SHOULD I NOT PAY ANY BALANCE FOR WHICH I AM LEGALLY RESPONSIBLE AS SET FORTH IN THIS SECTION WITHIN THIRTY (30) DAYS AFTER THE DATE OF DISCHARGE, MY ACCOUNT WILL BE CONSIDERED DELINQUENT. I AGREE TO PAY COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES AND COSTS, COLLECTION AGENCY FEES AND COSTS, AND INTEREST WHICH SHALL ACCRUE AT THE MAXIMUM RATE ALLOWED BY LAW.

#### CONSENT TO CONTACT

BY PROVIDING US WITH YOUR LANDLINE OR CELL PHONE NUMBER(S), YOU GIVE YOUR CONSENT FOR US, OUR AGENTS, AND TO OUR COLLECTION AGENTS, TO CONTACT YOU AT THESE NUMBERS, OR, AT ANY NUMBER THAT IS LATER ACQUIRED FOR YOU, AND, TO LEAVE LIVE, OR PRE-RECORDED MESSAGES REGARDING ANY ACCOUNTS OR SERVICES. FOR GREATER EFFICIENCY, CALLS MAY BE DELIVERED BY AN AUTODIALER.

#### PRE-CERTIFICATION REQUIREMENTS

I UNDERSTAND THAT IF I DO NOT COMPLY WITH MY INSURANCE POLICY PRE-CERTIFICATION REQUIREMENTS OR IF ANY SERVICE IS NOT CERTIFIED, THEN I MAY NOT BE ENTITLED TO INSURANCE BENEFITS. IN THAT EVENT, I MAY BE RESPONSIBLE FOR ANY AND ALL CHARGES OF THE MEDICAL CENTER AT ITS REGULAR RATES AS SET FORTH IN PARAGRAPH 7.

#### PHYSICIAN CHARGES

I UNDERSTAND THAT THE MEDICAL CENTER'S CHARGES DO NOT INCLUDE THE FEES OF THE PATIENT'S TREATING PHYSICIAN(S), IF APPLICABLE. I UNDERSTAND THAT I WILL RECEIVE A SEPARATE BILL FOR THESE SERVICES AND SUCH BILLS MAY COME DIRECTLY FROM THE PHYSICIAN(S), SUCH AS EMERGENCY ROOM PHYSICIANS, RADIOLOGISTS, PATHOLOGISTS, ANESTHESIOLOGISTS, AND OTHER SPECIALISTS. I UNDERSTAND THAT LEVEL OF INSURANCE BENEFITS PAYABLE FOR TREATMENT BY THE PATIENT'S TREATING PHYSICIAN(S) MAY DIFFER FROM THE LEVEL OF INSURANCE BENEFITS PAYABLE FOR TREATMENT PROVIDED BY THE MEDICAL CENTER. IT IS MY RESPONSIBILITY TO DETERMINE THE EXTENT OF MY INSURANCE COVERAGE FOR TREATMENT BY ANY TREATING PHYSICIAN AT THE MEDICAL CENTER.

UNLESS OTHERWISE REVOKED BY ME, THIS AUTHORIZATION IS CONSIDERED VALID FOR (6) MONTHS FROM THE DATE BELOW. I UNDERSTAND THAT REVOCATION MAY NOT BE MADE IF ACTION HAS ALREADY BEEN TAKEN IN RELIANCE ON THIS AUTHORIZATION. I ALSO UNDERSTAND THAT THIS CONSENT SHALL OPERATE AS A COMPLETE RELEASE OF LIABILITY TO THE HOSPITAL AND THE PHYSICIANS AND THEIR EMPLOYEES AND AGENTS FOR THE RELEASE OF INFORMATION AS STATE ABOVE.

IN WITNESS WHEREOF, THE UNDERSIGNED HAVE HERINTO SET THEIR HANDS

WITNESS SIGNATURE: \_\_\_\_\_

PATIENT SIGNATURE: \_\_\_\_\_

IF PATIENT IS UNABLE TO CONSENT OR IS A MINOR, COMPLETE THE FOLLOWING:

( ) PATIENT IS MINOR OF: \_\_\_\_\_ YEARS OF AGE.

( ) UNABLE TO CONSENT BECAUSE: \_\_\_\_\_

# Exhibit G



June 24, 2016

Anthony P. La Rocco  
anthony.larocco@klgates.com

**VIA EMAIL AND REGULAR MAIL**

T 973 848 4014  
F 973 848 4001

Mark H. Ginsberg, Esq.  
Gorlick, Kravitz & Listhaus, P.C.  
17 State Street, 4<sup>th</sup> Floor  
New York, NY 10004-1501

**Re: *HUMC Opco LLC v. United Benefit Fund, et al.***  
**Docket No. 2:16-cv-168 (KM) (MAH)**

Dear Mr. Ginsberg:

On behalf of Plaintiff HUMC OPCO, LLC d/b/a CarePoint Health – Hoboken University Medical Center (“HUMC”), we write in response to your letter dated June 3, 2016. You write that your clients, United Benefit Fund (“UBF”) and Aetna Health Inc. (“Aetna”) (collectively, “Defendants”), will move for sanctions under Rule 11 of the Federal Rules of Civil Procedure unless HUMC agrees to immediately dismiss its Amended Complaint. You claim that HUMC has produced no valid assignment of benefits (“AOB”) and rights by [REDACTED] to HUMC and, as a result, HUMC purportedly has no standing to sue under the Amended Complaint. As shown below, your contention has no basis in law or fact, and your threatened motions to dismiss for lack of subject matter jurisdiction and for Rule 11 sanctions would themselves be frivolous.

During our telephone meet and confer call on May 16, 2016, we agreed to produce to Defendants the AOB conferring standing upon HUMC to bring this ERISA action against Defendants. On May 24, 2016, we produced what our client understood to be the AOB at issue. When you pointed out in your letter of June 2, 2016, that the AOB related to a different patient with the same name as [REDACTED], we promptly supplied the correct AOB later that same day. The AOB was actually signed by [REDACTED] rather than [REDACTED], who was incapacitated throughout his hospitalization at HUMC.<sup>1</sup> You contend that [REDACTED] was not authorized to sign the AOB and, as a result, HUMC purportedly lacks standing to bring this claim. This argument fails for several reasons.

At the outset, when [REDACTED] presented at the HUMC Emergency Department, he had suffered a stroke and was unconscious and comatose. He remained in this state throughout his stay at HUMC. Due to [REDACTED] incapacitation, [REDACTED], as [REDACTED] spouse, was authorized to make all of [REDACTED] medical decisions. [REDACTED] signed the AOB on May 29, 2014, the

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<sup>1</sup> As you are aware, we plan to move for leave to file a Second Amended Complaint to correct that error, as Judge Hammer authorized us to do during the June 14, 2016, telephone status conference call.

date [REDACTED] was admitted to HUMC's Emergency Department. See Declaration of [REDACTED] ("[REDACTED] Decl."), Ex. 3.

You baldly assert that [REDACTED] only "purports to be" [REDACTED] wife and that you "have no proof that she is even his wife." This specious assertion is belied by the extensive record evidence demonstrating that your clients dealt directly with [REDACTED] throughout [REDACTED] hospitalization, fully aware that she was [REDACTED] wife and was making all of his health care decisions. In any event, on June 21, 2016, we provided you with a true and correct copy of [REDACTED] and [REDACTED] Certificate of Marriage, which should put to rest your disingenuous suggestion that they were not married. See also [REDACTED] Decl., Ex. 1.

Further, Section 15 of the Summary Plan Description for UBF (the "Plan") states that:

*Benefits for medical expenses covered under this Plan may be assigned by a Covered Person to the provider, however, if those benefits are paid directly to the Participant, the Plan shall be deemed to have fulfilled its obligations with respect to such benefits. The Plan will not be responsible for determining whether any such assignment is valid. Payment of benefits which have been assigned will be made directly to the assignee unless a written request not to honor the assignment, signed by the Participant and the assignee, has been received before the proof of loss is submitted.*

(emphasis added). "Covered Person" is defined under the Plan as "any Participant and his or her eligible Dependents when properly enrolled in the Plan as a new hire, enrolled during the open enrollment period or allowed to enroll because of a qualifying event such a birth, marriage or adoption ..." and "Dependent" is defined as "[y]our legal Spouse when residing in the United States ...." Thus, by the plain language of the Plan, [REDACTED] as [REDACTED] wife, was authorized to assign the benefits under the Plan as [REDACTED] Dependent, and a Covered Person.<sup>2</sup>

And even assuming that [REDACTED] was not a Covered Person under the Plan, she properly executed the AOB on [REDACTED] behalf. You state that because HUMC did not produce a health care proxy, power of attorney, or other instrument that would grant [REDACTED] the legal authority to execute an assignment of rights for [REDACTED], she was not authorized to execute an assignment of rights under New Jersey law. However, Section 17 of the Summary Plan Description for UBF expressly states that "[e]xcept to the extent superseded by the laws of the United States, the Plan and all rights and duties thereunder shall be governed, construed, and administered in accordance with the laws of the State of New York." Here, federal common law controls. See *Merrick v. UnitedHealth Group, Inc.*, 2016 WL 1229616 (S.D.N.Y. Mar. 25, 2016) (validity of an assignment of benefits related to an ERISA plan is controlled by federal common law). Under federal common law, the AOB signed by [REDACTED] is a valid assignment of benefits based on [REDACTED] incapacity. See *Cromwell v. Equicor-Equitable HCA Corp.*, 944 F.2d 1272 (6<sup>th</sup> Cir. 1991) (patient's husband signed an "Assignment of Insurance Benefits"

<sup>2</sup> You state in your letter that UBF terminated its coverage of [REDACTED] when she allegedly failed to supply proof of her marriage to [REDACTED]. However, you have not provided any support for this assertion, and the documents exchanged to date contain no indication that UBF ever terminated her coverage. If you intend to stand on the assertion that UBF terminated [REDACTED] coverage, please produce all documents referring or relating to this assertion.

clause authorizing payment directly to the health care provider of any and all sums of money otherwise payable to me under the terms of the home health provisions of said group policy or contract was valid assignment and assignee could sue under ERISA). New York law likewise authorized [REDACTED] to sign the AOB during [REDACTED] incapacity. See *N.Y. Pub. Health Law* § 2994-d.

Finally, even assuming, *arguendo*, that [REDACTED] lacked the authority to sign the AOB while [REDACTED] was alive, once he died on May 30, 2015, [REDACTED] acquired the status of his successor in interest by operation of federal common law and New Jersey's intestacy laws. See, e.g., N.J.S.A. 3B:5-3. As [REDACTED] successor in interest, [REDACTED] was authorized to sign an AOB conferring standing upon HUMC to bring this action. See, e.g., *Pro Cariaco Pronto Socorro Cardiologica S.A. v. Trussell*, 863 F. Supp. 135, 138 (S.D.N.Y. 1994) (an assignment of benefits signed by the decedent's son and sole heir was valid because, upon her death, he became entitled to the proceeds from his mother's estate and stepped into her shoes regarding his entitlement to the insurance proceeds at that time); *Keever v. NCR Pension Plan*, Case No. 3:15-cv-196, 2015 U.S. Dist. LEXIS 169019 (S.D. Oh. Dec. 15, 2015) (noting that patient's surviving heirs "could be deemed to have derivative standing to sue," and "even if Plaintiffs lacked statutory standing to pursue claim for benefits under § 1132(a)(1)(B), this would not necessarily deprive the federal court of subject matter jurisdiction."); and *Scott v. Regions Bank*, 702 F. Supp. 2d 921, 929-930 (E.D.Tenn. 2010) (holding that granting derivative standing to successor-in-interest to the plan participant or beneficiary promotes ERISA's goal of protecting the interests of participants and their beneficiaries). Out of an abundance of caution, [REDACTED] re-executed another AOB in favor of HUMC on June 9, 2016, which would independently confer standing upon HUMC even if the prior AOB she signed were somehow invalid (which it is not).<sup>3</sup> See [REDACTED] Decl., Ex. 4.

In light of the foregoing, HUMC unquestionably has standing to bring this ERISA claim against Defendants. Accordingly, Defendants' threatened motions to dismiss for lack of subject matter jurisdiction, and for Rule 11 sanctions, would themselves be frivolous. Please be guided accordingly.

Very truly yours,



Anthony P. La Rocco

cc: Russell Hirschhorn, Esq. (via e-mail only)  
Alychia Buchan, Esq. (via e-mail only)  
Joseph Clark, Esq. (via e-mail only)  
George Barbatsuly, Esq. (via e-mail only)  
Stacey Hyman, Esq. (via e-mail only)

<sup>3</sup> In *Drzala v. Horizon Blue Cross Blue Shield*, Civ. Action No. 15-8392, slip op. at n. 7 (D.N.J. May 16, 2016), the Court noted that contract rights and duties are generally assignable and delegable and that an assignment of benefits made even after the claims review process began was valid where, as here, the insurer had not been prejudiced by the post-claims review assignment, and the assignee was actively involved in the claims review process from the outset.